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ABSTRACT

This volume reports the baseline (1978) data to be used in the 6-year longitudinal evaluation of the Child and Family Resource Program (CFRP). The CFRP, funded in 11 sites across the country as a Head Start demonstration program, is intended to develop models for providing services to low-income families with children from birth to eight years. Chapter I provides an overview of the evaluation with an introduction to the three component studies: The Descriptive Program Study of all 11 CFRP sites, the In-Depth Study of families and staff in CFRP, and the Impact Study of program families and comparison groups (not in the program) at six of the sites. Chapter II presents descriptive data from the Program Study and explains how the programs differ, in some respects, from one site to another. Descriptive data from the Impact and In-Depth Studies, focusing on family participation, social service networks and family interaction, are presented in Chapter III. Chapter IV describes the data collection for the Impact and In-Depth Studies, including instruments and procedures, sample recruitment and staff recruitment and training. Appendices contain information on technical progress reports, characteristics of the 11 programs and sample recruitment. (Author/BH)

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Volume II: Report of Baseline Data

Evaluation of the Child and Family Resource Program

March 19, 1979

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Foreword

This is Volume II of a two volume Interim Report documenting the first 18 months of design and start-up for the longitudinal evaluation of the Child and Family Resource Program (CFRP). The CFRP is funded by the Administration for Children, Youth, and Families (ACYF) of the Department of Health, Education and Welfare and is operated by Head Start grantees. The Program is designed to provide family support services crucial for the sustained healthy growth and development of children from the prenatal period through age eight. It was funded in eleven sites across the country as a Head Start demonstration program with the intent of developing models or approaches for providing services to low-income families with young children, models which could be adapted by different communities serving different populations.

In October 1977, ACYF funded a longitudinal evaluation of the effectiveness of these programs. In six of the sites, the evaluation focuses on families with a child under the age of one who entered the program in the fall of 1978. These infants and families will be followed until the children enter the first grade (approximately 1984). In these six sites, a comparison group of families not receiving CFRP services will also be followed over the same period. In addition, extensive data will be collected from program staff al eleven sites through the course of the study.

Volume I of this Interim Report was produced in September, 1978 and presents the overall study design, developed at the request of ACYF evaluation and program staff shortly after award of the contract in October, 1977. Volume I contains a conceptual overview of the Child and Family Resource Program and the evaluation. It describes research questions and major variables to be investigated and elaborates on the organization of the evaluation into three sub-studies: the Program Study of all 11 CFRP sites, the In-Depth Study of families and staff in CFRP, and the Impact Study of families in CFRP and comparison groups at six sites. Study objectives, research questions and analytic methods for each sub-study are detailed in Volume I.

This, Volume II, documents the start-up of the three evaluation sub-studies and presents preliminary descriptive data for all three studies collected in fall 1978. For each study, it describes data collection staff, procedures and problems, and instruments used and presents selected baseline data.

Chapter One of Volume II is an overview of the evaluation with an introduction to the three studies contained in it. It is a review of the material in Volume I that is needed for an understanding of the material in the remainder of this volume, and is included for the convenience of the reader. Descriptive data from the Program Study are presented in Chapter Two along with a discussion of those characteristics on which programs may be differentiated. Descriptive data from the Impact and In-Depth Studies are presented in Chapter Three Chapter and Chapter Four contains a report on data collection for both these studies. Progress on Impact Study Technical Papers is reported in Appendix A. Appendix B and C present program descriptions and a memo concerning sample recruitment.

This two-volume Interim Report is the first in a continuing series of reports scheduled throughout the CFRP evaluation to provide policy-relevant information to ACYF at timely intervals. A major interim report is planned for production at the end of each year to be due in January; each year's report will build upon data collected in previous years. A simple schedule for Interim Reports and evaluation topics can be projected:

Projected Interim Report Schedule

Program Year	Age of Children (Impact Study)	Report date/Data base*	Evaluation Topics
1978-79	0-1	1) February, 1979 T1	Selection of sample; Study Start-up; Baseline description of families and CFRP treatment.
		2) January, 1980 T1-T2	Preliminary analysis of impact study data; Pilot tests of child (toddler) developmental measure.
1979-80	1-2	January, 1981 T1-T4	Analysis of CFRP treatment for In-Depth Study data, including community agency service. Child developmental measures and measures of parent-child interaction.
1980-81	2-3	January, 1982 T1-T6	Analysis of immediate impact of CFRP on families; In-Depth study of outcomes for CFRP families; Selection of preschool child measures.
1981-82	3-4	January, 1983 T1-T8	CFRP impact on children prior to Head Start entry; Fall examination of family and child outcomes, relation to each other; relation to CFRP.
1982-83	4-5	January, 1984 T1-T10	Child measures during Head Start; Parent-child interaction measures; Family status measures; Longitudinal analysis to date.

The first summative evaluation contract held by Abt Associates covered the period from October 1, 1977 through March 19, 1979. The continuation of the contract is planned to operate from March 1979 through February 1984. Continuation of the evaluation through spring 1986 will require a new contract effort.

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*Data will be collected in the fall and spring of each program year; data collection points are identified as Tn where n is the sequential number of the effort; that is T1 designates data collection time point #1 (fall 1978) and so on. Odd numbers indicate fall data collection, even numbers indicate spring data collection.

In addition to annual Interim Reports, progress on technical details of the studies, such as measure selection, instrument revision, construct development and other analytic tasks will be provided at points during the year as technical work is completed. For example, technical progress reports on details of the Impact Study outcomes are included in Appendix A of this volume.

Analysis of the first year's impact study data will be presented in technical progress reports and the Interim Report due in draft in December 1979. These reports will include development of family and staff typologies, further investigation of the magnitude of differences between CFRP and comparison groups, and development of constructs for investigating change in parents and children. Further work concerning the selection of child and parent-child interaction measures and results of any pre-tests concerning those measures will also be reported. Study hypotheses will be developed and further refined from year to year and, when possible, preliminary results available from the sub-studies will be made available to ACYF. It is particularly important that the longitudinal evaluation of a continuously evolving demonstration program, such as CFRP, be viewed as a process which provides information of various kinds at different times over the years. The organization of interim reports and technical papers, as outlined for this evaluation, should allow Abt Associates to provide timely information to ACYF for policy decisions. It will also allow modifications to the evaluation design which may become desireable to insure that it addresses those aspects of CFRP that are important in the delivery of services to families and the issues about which ACYF will be making decisions.

1.0 THE CHILD AND FAMILY RESOURCE PROGRAM EVALUATION

1.1 Introduction

The Child and Family Resource Program (CFRP), a national Head Start demonstration program, is one of several efforts by the Head Start Program Development and Innovation Division to develop models for providing developmental services and support to families with young children. The CFR Program enrolls eligible families with children aged birth through eight years. Although CFRP also includes traditional Head Start classroom education and services for preschool children, the program serve a broader age range of children than Head Start. It also focuses on families rather than just on children and works through the family to promote healthy growth and development for children. Perhaps the most distinctive feature of CFRP is its emphasis on a comprehensive assessment of each family's strengths and needs and the creation of an individualized plan developed with the family for services obtained through CFRP.

In addition to offering the full range of educational health and social services provided through Head Start, ACYF guidelines require that CFRPs must also provide:

- Comprehensive individual assessment of family and child needs, based on consultation with the family;
- Preventive, treatment, and rehabilitative services as required for individually diagnosed medical, dental, nutritional, and mental health needs of children up to eight years of age;
- Family support services such as emergency services, individual and group counseling, referral services, and family planning assistance;

- Prenatal medical care and educational services for pregnant mothers; and
- Developmental services for families and children, including
  - -- Programs to assist parents promote the total development of infants and toddlers through age three, The Infant/Toddler Component;
  - -- Preschool comprehensive Head Start services for children from three to five in Head Start Centers;
  - -- Programs designed to ensure smooth transition for children from preschool into the early elementary grades, The Preschool-School Linkage Component
  - -- Group activities and family development programs for parents;
  - -- Special programs for children with handicapping conditions.

Once a family is enrolled in CFRP, the assessment process is begun with family members and CFRP staff taking the major share of responsibility for identifying services and activities the family wants from the program. CFRP staff then work in a variety of ways to help families obtain the services they want. They work directly with CFRP family members, particularly with parents and children between birth and age eight, and they work indirectly on behalf of families by coordinating or advocating better services for particular families. They also work with community agencies to improve services in general for low-income families and to develop needed services not already available in the community. Interactions among CFRP staff, families and the community are therefore complex and interrelated.

It is important to recognize that what distinguishes CFRP from traditional Head Start programs is not just the services and activities provided, but is also its underlying philosophy toward working with families and operating as a central source of services and support for them. This philosophy is expressed in CFRP's stated objectives:

1) to individualize and tailor programs and services to children and their families;

2) to link resources in the community so that, while families may choose from a variety of programs and services, they deal primarily with one resource center for all young children in the same family;

3) to provide continuity of resources and support to families in order to guide the development of their children from the prenatal period through early school years;

4) to enhance and build upon the strengths of the individual family as a child-rearing system, with distinct values, culture and aspirations.

It is this philosophy, as well as the mix of services offered, that CFRP as a research and demonstration program was designed to test, demonstrate, and explore.

1.2 Overview of the CFRPs

Beginning in 1973, the CFRP was funded through Head Start grantees in 11 locations (one each in the ten HEW regions and one representing the Indian and Migrant Division to demonstrate the feasibility of developing comprehensive approaches to providing child and family services within the framework of Head Start. Each program initially received about $125,000/year for each of the demonstration years to serve between 80-100 families; this amount has increased over the years.

Tables 1.1 and 1.2 show the size and major staff characteristics for all 11 CFRPs. Six of these programs* were chosen as sites for a summative evaluation of CFRP. In these sites, families were recruited and randomly assigned to treatment and a comparison group to be studied throughout the evaluation. The treatment group consists of CFRP-eligible families with an infant under one year of age who were recruited and randomly assessed and randonly assessed to enter CFRP in fall 1978. The control group consists of families who were also CFRP-eligible with infants under one but who were assigned to the non-CFRP group. Table 1.3 shows the selected characteristics of the families in these groups in the evaluation sample. (Random assignment procedures are discussed more fully in section 1.4 of this chapter and in section 4.2 of Chapter 4.)

During fall 1978 of the CFRP evaluation, baseline data was collected on a variety of family characteristics in order to investigate whether the random assignment procedures had produced the two equivalent groups of CFRP and non-CFRP families needed for an impact study and to establish baseline characteristics of families against which later changes could be measured and compared across groups of families. Preliminary analyses of baseline data indicate that comparison and CFRP groups are, indeed, quite similar. Random assignment procedures worked quite well, producing groups that are equivalent for purposes of the study, although they exhibit minor differences on some dimension.

The results of first-year analysis are presented in detail in Chapter 3 of this report. However, a brief descriptive overview of the characteristics of families participating in the evaluation is presented here.

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*Jackson, MI; Las Vegas, NV; New Haven, CN; St. Petersburg, FL; and Salem, OR. Other programs are located in Schuylkill Haven, PA; Bismarck, ND; Gering, NB, Poughkeepsie, NY and Modesto, CA. Brief descriptions of the programs can be found in Appendix B.

Table 1.1

Staff and Families in Head Start and CFRP[a]

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Bismarck	Gering	Modesto	Poughkeepsie	Schuylkill	Total
Total # Families in Head Start (including CFRP)	440	262	650	783[b]	827[b]	176	310	220	210	200	600[b]	4678
Families Receiving CFRP Services (includes dually-enrolled HS-CFRP families)	235	112	86	85	130	121	102	109	95	113	142	1330
Total # Staff	78	33	72	130	171	32	57	54	128	65	161	981
CFRP Staff [and Head Start supprt staff]	26 [+7]	7 [+5]	21	9 [+5]	10 [+4]	36 [+6]	7 [+6]	29	12	15	22	194
For Entire Program:												
New Staff this Year	33	5	2	1	3	20	2	6	0	10	19	
Turnover in Past Year	16	2 + [1]	4	3 [+1]	3 [+1]	2	5	6	1	9	6	
Vacant Staff positions	15	1	2	3 [+1]	[1]	1	3	0	2	[1]	—	

[a] Estimates from program staff as of December 1978.

[b] The large number of non-CFRP familes reflected in this number have little or no interaction with the CFR Program.

[ ] Support and technical assistance staff, mostly Head Start administrative staff available to CFRP. Those staff who do not work directly with families.

Table 1.2

Ethnic Background of CFRP Staff and Families[a]
(in percents)

	Jackson		Las Vegas		New Haven		Oklahoma City		St. Petersburg		Salem		Bismarck		Gering		Modesto		Poughkeepsie		Schulykill	
	N=26 Staff	N=235 Families	N = 7 Staff	N =112 Families	N=21 Staff	N=86 Families	N=9 Staff	N=85 Families	N=10 Staff	N=130 Families	N=36 Staff	N=121 Families	N=7 Staff	N=102 Families	N=29 Staff	N=109 Families	N=12 Staff	N = 95 Families	N=15 Staff	N=113 Families	N=22 Staff	N=142 Families
Black	33	31	75	60	80	70	78	87	80	95	-	-	-	2	-	1	8.5	-	31	42		2
White	67	66	12.5	13	13	7	22	12	20	5	100	72	100	90	69	25	8.5	-	61	44	100	97
Hispanic	-	1	12.5	23	7	23	-	-	-	-	-	9	-	-	31	55	83	100	8	3		
Native American	-	-	-	4	-	-	-	1	-	-	-	9	-	6	-	13	-	-	-	-		
Interracial[b]	-	-	-	-	-	-	-	-	-	-	-	7	-	-	-	6	-	-	-	6		
Asian	-	-	-	-	-	-	-	-	-	-	-	3	-	2	-	-	-	-	-	-		1
Other	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		

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[a] Estimates from program staff as of December 1978.

[b] Designation used by program staff for families of mixed race.

Table 1.3

Characteristics of Families in the Sample[a]

Site	Number of Families	Race (in numbers)				Age of Mother			
		Black	Hispanic	White	Other[b]	-18	18-25	25+	Missing Data
Jackson									
CFRP	39	11	1	25	2	6	24	9	0
non-CFRP	31	10	0	20	1	3	13	15	0
Las Vegas									
CFRP	41	17	3	8	13	20	17	4	0
non-CFRP	44	34	1	5	4	16	26	2	0
New Haven									
CFRP	37	17	12	7	1	4	19	14	0
non-CFRP	30	19	7	3	1	4	13	12	1
Oklahoma City									
CFRP	40	30	0	3	7	5	25	10	0
non-CFRP	61	40	0	3	16	8	37	16	0
St. Petersburg									
CFRP	42	36	0	5	1	6	24	12	0
non-CFRP	54	48	1	4	1	9	34	10	1
Salem									
CFRP	41	0	3	36	2	5	21	15	0
non-CFRP	53	2	0	42	9	3	33	17	0

[a] The sample consists of families with infants under one year by October 1978 who were recruited for CFRP and randomly assigned to CFRP participation in a comparison group in fall 1978. Those assigned to CFRP represent only a subsample of all families in in CFRP at six of the 11 sites.

[b] Includes missing data

Race varies greatly by site due to the fact that CFR Programs serve populations of different racial mixes in different sites. In general black famliles represent well over half the sample in Oklahoma City, St. Petersburg, and Las Vegas; in Jackson the racial mix is aobut half white and half black. In New Haven black families are about half the sample with Hispanic and white families comprising the other half. Salem has primarily white families.

The sample, overall, is comprised of relatively young mothers: more than 70% are under age 25 in all sites. Mothers' ages vary by site: Las Vegas has an average age of less than 20 years, while other site averages are 22 to 24 years.

Four family types were identified. The three most commonly occurring types of families were households consisting of single adults, all mothers, with a child or children; households consisting of mother, father or adult male and the children; and households where mothers and child(ren) lived with one or both of the mother's parents. Some families lived in a fourth type household which was usually the mother and child and other adults including mother's sisters or brothers, other relatives, or friends. There are more single-parent than two-parent households in the evaluation sample but many single parents live in extended family households with one or more grandparents.

All families are low-income, a requirement of eligibility for CFRP. Most families derive some income from both earnings and public assistance. Gross household income reported was usually less than $9,000 annually in all sites. Salem has a larger proportion of families whose reported primary source of income is welfare, while Oklahoma City, St. Petersburg and Las Vegas report a greater proportion of families for whom earnings is the primary source of income. It is interesting that Oklahoma City, St. Petersbury and Las Vegas are also sites with higher proportions of extended family households and of persons other than the mother contributing to the support of the household. In half or more of families in all sites, however, someone other than the mother contributes to the support of the household.

Most of the mothers in the sample have little education; more than half the mothers in each site have less than a high school diploma or G.E.D.

A little over a quarter of sample mothers with infants are employed at least part-time while an unusually high percentage report having some type of work experience.

Physical mobility, as indicated by three measures of residential stability, is fairly high for most sites. The most "stable" sites have families that report moving an average of about three times in the past five years; the least has families reporting an average residency, in their current house, of only about one year, averaging more than seven moves in the past five years. These demographic and other characteristics of the sample are discussed in greater detail in Chapter 3.

1.3 The Role of Evaluation in CFRP

The 11 demonstration programs were funded to test the feasibility of implementing a comprehensive service delivery system to meet needs of families with children from birth to eight years and to determine whether provision of services to all family members does more to enhance the development of the child than provision only to the child during the Head Start years. In addition, programs were to demonstrate what resources and staff would be required if Head Start programs were to adopt various CFRP features.

Because CFRP is a demonstration program with many unique features, evaluation has played an important role in the program since its inception. A series of evaluations funded by ACYF, as well as an external evaluation by the General Accounting Office (GAO), have documented the program's functioning and taken initial steps toward demonstrating its effectiveness, paving the way for the comprehensive summative evaluation which is presently underway.

Three research studies were funded during the first four years of the demonstration. The first was a formative evaluation conducted in 1974-75 by Development Associates which focused on the start-up of the CFRP--the strengths and weaknesses of the planning process, the extent to which appropriate services had been provided and appropriate resources utilized, and the extent of implementation of the CFRP Guidelines. Concurrent with this evaluation, a feasibility study was conducted by Huron Institute which examined the potential of conducting a summative evaluation of CFRP. It argued, essentially, that a summative evaluation performed in the early stages of CFRP would be unlikely to discover meaningful impacts on children or parents.

A second evaluation contract was awarded to Development Associates for 1975-77. The objective here was to determine degrees of implementation of program components, relationships between the implementation and child/parent outcomes, and the effectiveness of the program in promoting desired child/parent outcomes. The evaluation provided little more than documentation of the way in which implementation of CFRP had been accomplished, since evaluation efforts had been hampered by the difficulty in defining individualized CFRP "treatment" along with other administrative problems, including lack of clearance for evaluation instruments by OMB. Thus no impact data was yet available to policy planners.

Results from evaluations of other family-focused programs such as Parent-Child Development Centers and Home Start, however, suggested that such programs were comparable to traditional Head Start programs in terms of their impacts on children. Concurrent research findings from Parent Child Development Centers, Home Start, Project Developmental Continuity, and other programs, as well as the work of independent researchers (Bronfenbrenner, Carew, Gordon, Gray, Honig, Lally, Lazar, Levenstein, Weikart, White, and others) pointed to the importance of the family in the well-being and development of the child. Sufficient evidence was available to justify the continuation of the CFRP demonstration and the initiation of an evaluation of its effect on families and patterns of service provided to families.

The case for continuation of the CFRP was significantly strengthened by the recently released GAO report covering a wide range of HEW's early childhood and family development programs. The report singled out the CFRP as a model for delivery of comprehensive services to young children and their families. While concluding that in general "HEW-sponsored demonstration programs in early childhood and family development are benefitting enrolled families," the report particularly cited the effectiveness of the CFRP in the areas of social services, early childhood education, parent involvement and health screening and services.*

The GAO based its conclusions about the effectiveness of the CFRP on program records of service delivery and on the testimony of program staff, clients and other informed parties (e.g., medical personnel to whom the program referred children). GAO's evaluation was not intended to provide comprehensive and statistically reliable data on program impact, nor was it intended to identify the elements and practices that contribute most to program effectiveness. Concerning the latter type of evaluation, the GAO recommended to Congress that ". . . funding of comprehensive child care programs should be increased gradually, and evaluations of the program(s) should be made while they are operating. The programs should be revised and improved when effective new and innovative techniques on (sic) the development of young children and families are discovered and refined."

Recognizing the need for convincing impact data and for detailed information that could guide future modification and expansion of the CFRP, ACYF had already initiated a summative evaluation prior to release of the GAO report. A contract to design the evaluation and conduct its first phase was awarded to Abt Associates Inc. (AAI) on October 1, 1977. AAI was proposed to conduct the next phase of the study, in accord with the study design developed in Year I and with the intent of the original RFP (No. 105-77-1035).

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*"Early Childhood and Family Development Programs Improve the Quality of Life for Low-Income Families," Report to the Congress of the United States by the Comptroller General, General Accounting Office, HRD-79-40, February 6, 1979.

The summative evaluation is designed to answer questions about:

- the impact of CFRP on children;
- the impact of CFRP on families; and
- the most effective way(s) to organize the program and deliver services.

The evaluation seeks to provide detailed information about the effectiveness of CFRP as a whole, of individual programs, and of particular program elements or configurations of elements. Such information can aid ACYF in making decisions about expansion of the program and/or dissemination of its most important features.

1.4 The Summative Evaluation of the CFRP

The CFRP demonstration as implemented is truly an innovation in the conception and provision of services to children through Head Start. Although other Head Start demonstrations incorporate many of the same features as CFRP,* no other program has been designed to be so comprehensive in scope, nor to incorporate explicitly the role of parents in determining their own individualized treatment. The comprehensive nature of CFRP and its innovative character pose many problems for evaluation, both conceptual and methodological in nature. Likewise, it is difficult to select the most important research questions from among the many possible questions which might be addressed regarding the CFRP.

In the process of redesigning the study in Year I, AAI has refined the study questions which appeared in the original evaluation RFP. Three major study questions have been identified focusing on the major actors in the CFRP-family relationships: the family, the child, and the CFR Program. Two of these questions address the short and long term impact of CFRP participation on children and their families:

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*Such as Home Start, Parent Child Centers, Parent Child Development Centers, Developmental Continuities Projects.

- What immediate and long-term impacts on total development can be identified for the child or children of families who participate in CFRP?
- What immediate and long-term impacts on the family as a child-rearing system can be identified for parents and other family members who participate in CFRP?

It is not a simple matter to identify outcome domains for the study of impacts on children and families. Although much developmental research exists on the measurement of change in children and of impacts of intervention programs, much less research is available about the outcome domains which should be investigated for families participating in such programs. Traditionally such measurement has focused almost entirely on the mother and on her interaction with the child. More recently researchers have emphasized the importance of the ecology of the family, its formal and informal social support systems, its aspirations for children and its contact with agencies and individuals in the community. CFRP works with all members of the family, and many program efforts are aimed at helping families to change living circumstances, as well as education and employment opportunities. Broad categories of outcome have been defined for families and for children over the course of the study and are described in greater detail in other sections of the report.

The third study question is more complex and has different types of policy implications.

- What should be the nature and structure of a comprehensive program for families which enhances the development of their children? What issues should the program address, and what services should it offer? By what process?

Embedded in this general study question are many questions about how CFR Programs are best organized and operated. One set of questions concerns the component models or service packages or processes associated with outcomes for particular types of families. Another set is concerned with whether services and processes are better provided by CFRP or may be duplications of services and processes already available in the community or social environment of the family.

Further, some questions can and should be raised about the broader assumptions and social policies implicit in a program like CFRP. For example, the CFRP concept is acknowledged to have a capacity for various degrees of both interference in and support of existing family systems, depending upon the processes through which it is operated and the perceptions of the families and staff who participate. The CFRP guidelines explicitly state that parents will have an active role in tailoring the program to the needs of the families, but there are differences among programs in the degree of parent involvement. The CFRP as implemented also raises potentially contradictory economic issues concerning whether mothers are encouraged to be supported by public assistance to raise their children, or work and face the problems of child care and economics characteristic of the working poor. The program guidelines make poverty a criterion of eligibility and the implication is that most mothers will be home to take care of their children for some period of time. Yet there are major operational differences among programs in their flexibility for serving working mothers or mothers who want to work.

It is obvious that the questions concerning program structure and issues are complex and do not have simple, single answers. They are questions of culture and values, of social policy, and of actual, as well as intended, program implementation. Discussion of these questions and their implications should be the product of a separate contract paper; more detailed formulation of the sets of questions will be done during Year II of the evaluation. At present, however, the evaluation, comprised of three sub-studies, is designed to allow for separate consideration of different types of questions as well as for the consolidation of research into broad policy recommendations. The CFRP demonstration has been well implemented and is operating in various forms at all sites across the country; the current evaluation design provides the structure for learning about important issues of child development and family policy in these 11 existing settings.

The Evaluation Studies

The current evaluation of CFRP is designed to provide information that will help ACYF answer the foregoing questions. The broad objectives of the evaluation are:

- To define and describe characteristics of families, staff, programs, and communities participating in the demonstration and the evaluation;
- To associate specific characteristics of families, staff, and CFRP treatments with changes or outcomes in CFRP families; and
- To identify changes or outcomes for families in CFRP compared to families who have not participated in the program.

Data needed in order to address these objectives and the three major study questions are being gathered in three studies: a Program Study, an In-Depth Study, and an Impact Study.

The studies differ according to the research questions asked, the level at which data are collected, and the sample of families and sites studied. Information about communities, projects, and families in general is being collected from all 11 demonstration projects. In six of the 11 sites, information is being collected about the way CFRP operates with a sample of specific families and about a comparative sample of eligible families not participating in CFRP.

The first evaluation objective--to describe and define characteristics of families, CFRP staff, and communities--is addressed in two studies: a Program Study and In-Depth Study. The Program Study is entirely descriptive, using aggregated information about CFRP families and communities in all sites. It uses information from staff interviews, program records and interviews with community service staff. The In-Depth Study describes in greater detail the CFRP treatment, characteristics of families at the individual family level and characteristics of the staff who work directly with families.

The primary objective of the In-Depth Study, however, is to address the second evaluation objective: to explore the relationships among characteristics of families and staff, the interactions and services between staff and families in CFRP, and outcomes for families. The sample consists of 40 families in each of six sites. These families were newly enrolled in CFRP in the fall of 1978, when each had a child younger than one-year-old at the time of enrollment. This sample of families and infants will be followed until the child has completed the first grade (approximatley 1984). The evaluation will study these families as they participate naturally in CFRP over a six-year period. The In-Depth Study is collecting information from interviews with parents, CFRP staff, program records, and staff of community agencies and schools to study how CFRP, families and the community interact at the individual level and how interactions are related to outcomes for the families.

The third evaluation objective--to attribute outcomes for families as a result of their participation in CFRP--is being addressed in an experimental Impact Study using random assignment of families in a treatment-comparison group design. This study uses the same six CFRP sites as the In-Depth Study. A treatment-comparison group design is used to compare families on outcomes for parents and children over time. The treatment group is the same 40 CFRP families per site studied in the In-Depth Study. These families were selected at random for entry to CFRP in fall 1978 from a pool of 100-120 eligible families recruited by CFRP staff in summer 1978. A comparison group for the Impact Study consists of all the remaining families (60-80 in each site). Interviews with parents, medical and school records, and child assessments are being used to assess outcomes for families.

In the remainder of this chapter, each of the three studies is described in greater detail.

1.4.1 The Descriptive Program Study

The broadest component of the CFRP evaluation is the Program Study, a descriptive study of the 11 sites. This study will record the community context for each CFRP, the types and number of families served, and the organization and activities of each CFRP. The primary objectives of the Program Study are to describe how CFRP has developed in response to (1) community demographics and resource patterns, (2) the characteristics and needs of eligible families, and (3) guidelines and directions from national CFRP Directors, Training and Technical Assistance staff, and the demands for the evaluation. The central focus of the Program Study is a description of the organization and characteristics of each CFRP, its staff and families. Also, the communities and Head Start grantee operations will be described and interactions and influence upon CFRP operations will be summarized. The program study will describe the components of the CFRP model and the composition of the interactions among certain components (ACYF-CFRP, community-CFRP, families-CFRP). A detailed description of families and the process of CFRP-family interaction is the focus of the In-Depth Study and thus is not included in the Program Study.

The Program Study has been included in the evaluation in order to provide a context for the findings from the more detailed In-Depth and Impact studies. The information from the study will be used to determine how the six In-Depth and Impact study sites are the same and how they differ from the remaining CFRP sites. The study will provide a broad profile of how families are served in programs as they exist naturally. Community information from the Program Study will be used to examine the issue of possible duplication of services to families within a given community and to compare the demand for CFRP services with the demand for services of similar types within the community. The study will identify patterns of services and families served across the different CFRP settings and provide information for ACYF decisions about the broader implementation of CFRP.

The Program Study research questions cover a broad array of topics and will be addressed sequentially during the evaluation. The first year data collection focused upon descriptors of CFRP activities communities and families in the six In-Depth/Impact study sites. During on-site visits AAI staff completed interviews with CFRP staff (directors and the component specialists for Health, Infant-Toddler, and Preschool-School Linkage Components), reviewed site records and identified community agencies and staff that interact with the CFRP staff.

First year Program study data presented in Chapter 2 of this report include a profile of the organizational structure of the different CFRPs, a description of the way the three main CFRP components--Infant-Toddler Activities, Head Start, and Preschool-School Linkage--have developed, and a discussion of such processes as parental involvement in CFRP. In succeeding study years, the Program Study will elaborate on CFRP models, the links with communities, and profile of staff, families, and services.

1.4.2 In-Depth Study

The In-Depth Study explores relationships of enrolled families to the CFRP and to the community. It is designed to relate variation in CFRP-family interaction and service patterns to change in five outcome categories (family circumstances, maternal and child health, parent-child interaction, and child development/achievement and capacity for independence).

The In-Depth Study is being conducted in the six summative sites where samples of families recruited to enter CFRP in fall 1978 have been drawn. The focus of the In-Depth Study is on the 40 families selected to enter CFRP in each site and the CFRP staff who work with them.

The In-Depth Study has three basic tasks:

1. Identify and define variables which characterize the 40 sample CFRP families and the staff who work with them in CFRP;

2. Identify and define variables which characterize two aspects of treatment in CFRP--processes and service delivery. Processes include individualization, assessment and goal setting, family-staff relationship and congruence. Service delivery includes mix of services, staff functions, and project maintenance activities such as training and supervision; and

3. Explore relationships among sets of variables: a) among processes, services and background characteristics of families and staff; and b) among processes, services and outcomes for families and programs.

The In-Depth Study is a bridge between the Program Study and the Impact Study. Hypotheses or findings about CFRP identified in the In-Depth Study can be applied, if not replicated, on a more general level in the Program Study; findings from the Impact Study comparison of treatment and control groups can be better understood by use of the examination of CFRP process and outcome in the In-Depth Study. In short, there are two major uses for the In-Depth Study data:

1. Develop and test hypotheses about the relationships among staff and family characteristics, CFRP processes and outcomes for program and families which can be tested in subsequent years of the evaluation; and
2. Explain the results of Impact Study comparison in terms of CFRP processes.

Information about how CFRP treatment is related to outcomes for families may be used to explain differences observed in the contrast of treatment and comparison groups and to understand any failure to find differences in some areas of outcome. Information on the relationship of CFRP treatment to outcome will be used by ACYF in making decisions about broader implementation of CFRP models or features.

During the first year of the evaluation, analysis of In-Depth Study data has been limited to the definition of variables, analysis of descriptive statistics and tests of difference between groups within and between sites. The results of this analysis are discused in Chapter 3. An exploration of preliminary relationships among variable sets and development of preliminary typologies for families and staff will be done in the coming months. A full exploration of relationships between treatment and outcome must be based on patterns of outcomes that will only be available when outcome data have been collected at several time points.

1.4.3 The Impact Study

The Impact Study is also being conducted in the six summative sites where new family samples were recruited for entrance into CFRP in fall 1978. It is designed to compare families enrolled in CFRP with families not enrolled in CFRP. Thus comparison groups of families eligible, but not selected, for CFRP will be studied as part of the Impact Study.

Five outcome categories have been identified for the Impact Study. They are: (1) family status and circumstances, (2) maternal and child health, (3) parent-child interaction, (4) child status and achievement, and (5) family capacity for independence. The Impact Study is an attempt to verify an impact due to services delivered by CFRP. The ability to perform this study will be enhanced by the degree to which goals of a program are clear, explicit, and translatable into measurable quantities, i.e., to the degree that outcomes can be reliably assessed. Much of the early effort in this evaluation will be expended in establishing both process and outcome variables that can be used in rigorous statistical analyses.

2.0 PROGRAM STUDY

2.1 Overview

The Program Study was designed to examine broad models of CFRP among all 11 programs. Data from the Program Study are intended to describe the organization and characteristics of each CFRP, its staff and families and thus provide the context for more specific data from the detailed In-Depth and Impact Studies. It was included in the design to provide broader application for the In-Depth Study findings since it presents information on program operations for both the six summative and the five non-summative sites. Information presented here was collected during the fall of 1978. Tables 1.1 and 1.2 in Chapter 1 show the size and the major staff and family characteristics for the 11 CFR Programs.

In the six summative sites, data were collected during one-week site visits by Abt Associates Cambridge staff.

During the week's site visit, Abt's Cambridge staff conducted the following data collection activities:

- Interviewed administrative staff, Head Start and grantee directors;
- Observed sessions of the Infant-Toddler center staff training sessions, and supervisory sessions, and, in some instances, Head Start centers;
- Accompanied staff on home visits;
- Interviewed program specialists (education, health, Preschool-linkage and staff who make home visits and/or provide social services);

- Trained staff in completing staff and family records to be reported quarterly in the evaluation;
- Observed or participated in parent group meetings and meetings of the Parent Policy Council; and
- Interviewed recordkeeping staff and learned about each program's recordkeeping system.

In the non-summative sites, telephone interviews were conducted with program directors on a selected set of questions about general program activities.

Earlier evaluations* of the Child and Family Resource program had pinpointed the difficulties inherent in attempting a summative evaluation of a program in which each project was instructed, by ACYF mandate, to individualize services not only to meet the individual needs of the families enrolled but also to mesh with resources already available. A report by the Huron Institute on the feasibility of a summative evaluation notes that "demonstration sites interpreted and implemented the broadly defined guidelines in a variety of ways. In addition, each site implements features which are consistent with the needs of the setting and the personalities involved in the formulation of the program."** Consequently the Program Study was included as an integral part of the current evaluation because of its value in 1) setting a context in which to place the findings from both the Impact and the In-Depth studies, 2) providing an update on changes made by individual programs, and

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* Development Associates was responsible for two evaluations of CFRP: a formative evaluation in 1974-75 and an evaluation of implementation and child/parent outcomes in 1975-77 In addition, a Huron Institute Study examined the feasibility of conducting a summative evaluation of CFRP.

**Brooks, Geraldine K., and Bryk, Anthony J., Report on a Feasibility Study for a Summative Evaluation of the Child and Family Resource Program, Huron Institute, Cambridge, MA., December 1974, p. II-2

3) developing a basis for differentiating program operations. More importantly, however, data from the Program Study in conjunction with findings from the In-Depth and Impact Studies will be essential to an understanding of the way in which child and family outcomes are linked to particular aspects of the individual CFRPs.

As intended when the demonstration project was funded, the eleven CFRPs are located in communities which differ markedly in terms of such things as services already available, populations served, and demographic characteristics. However, the same ACYF guidelines which encourage broadly varying means of implementation also provide some common denominators: the guidelines require that programs provide individualization of services; family assessment and goal-setting; developmental services for children in three age groups (Infant-Toddler, Head Start, Transition to School); family support and involvement, including parent education; and coordination of local resources. Despite these broad requirements, however, examination of the data collected thus far in the Program Study indicates that no two programs are sufficiently alike to permit the development of models for programs as a whole. What can be developed are models for the various components of the CFRPs.

For example, the programs have five functions in common. All programs include home visits which focus on child development and the delivery of some social services and center meetings which provide a vehicle for discussion of child development and parenting skills, transaction of parent/program business and the opportunity for socializing. Programs also have in common the direct provision of services such as personal or family therapy, health services and nutrition education and the referral and coordination of services provided outside the program. Finally, all programs devote some time to program maintenance activities such as staff meeting and supervision, program planning, training and technical assistance. Programs differ in the relative emphasis given to one or another function as well as in the way in which the functions are performed, but the CFRPs are alike in that each includes all of these areas in its program.

There are similarities, too, in the organizational structure within the different programs. For instance, several programs have developed parallel approaches to staffing, making referrals, and methods of working with families. Likewise, programs are similar in terms of their components and processes. All programs contain an Infant-Toddler, a Head Start and a Preschool-School Linkage component, and all programs deal with such processes as child development, and stimulation, parent education, and family assessment and goal-setting.

At this stage in the evaluation it is not possible to do more than paint a broad brush picture of the way programs have developed in these areas. Although it is possible to say what is different from one program to another, it is not yet possible to say whether those differences are important in terms of the impact they may have on child and family outcomes. This study of impact is not the purpose of the Program Study but of the In-Depth study. Thus, Program Study data can describe in general such processes as assessment and goal-setting but detailed information about these processes will come instead from the In-Depth in which data are collected directly from families over a long period of time. Similarly, while this section includes a brief overview of some of the program components such as the Infant-Toddler Program or the Preschool-School Linkage, these particular components are too complex to permit ready analysis of the differences which are essential and those which may be more properly attributed to preferences in style or philosophy.

At present the Program Study can provide a descriptive overview of some of the CFRP components, processes and structures. In the sections of this chapter which follow, an overview of two CFRP components--the Infant-Toddler and the Preschool-School Linkage--is given, and program characteristics on which programs may be differentiated are described.*

2.2. Program Components

Although every CFRP is part of a broad Head Start program, the primary focus of CFRP lies on either side of Head Start, working with families whose children are either infants and toddlers or who are making the transition from preschool into elementary school. Although the CFRPs all address the needs of families with children up through 8 years old, the Infant Toddler component is presently the most clearly defined and implemented. Thus most of the data obtained to date on the three program components as well as most of the description presented here concern Infant-Toddler activities.

2.2.1 Infant-Toddler Activities

The Infant-Toddler component is the major vehicle used by all of the programs to assist parents in promoting their children's growth and development. This component is quite complex and, in many cases, those activities which come under the label of Infant-Toddler component are for many of the families indistinguishable from the CFRP as a whole, since such families may not have children eligible to participate in either the Head Start or the Preschool-School Linkage.

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*Readers who are not familiar with the individual CFRPs are referred to Appendix B which contains a brief profile of each of the eleven programs.

The Infant-Toddler component is similar in format across the six summative sites (Jackson, Las Vegas, New Haven, St. Petersburg, Salem and Oklahoma).* Each site relies on the one-to-one relationship between mother and staff in the home setting as well as group meeting of mothers to structure activities of the Infant Toddler components. Programs differ in the frequency with which home visits are made (from one each week to one a month) and the frequency and purposes of center meetings in which parents participate.

Home Visitors, Family Advocates or Home Parent Teachers make home visits regularly; the visits include educational activities for parents to learn about their children or do things with them, developmental activities for children, and time for the parent and staff member to discuss other family concerns that the parent may have. Home-based I-T activities may also include the CFRP staff person checking babies' weight and height, demonstrating additional developmental activities using different materials, discussing upcoming program events and encouraging mothers to attend center meetings. Parents are often given or loaned materials, books, and toys to use in their homes for continuity in child stimulation and parent-child interaction.

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*Telephone interviews with staff of the non-summative sites suggest that the similarities in the I-T component are true for those sites as well. The discussion of this component reflects I-T organization across all sites, therefore, but no specific references are made to the other five sites since these sites were not actually visited by Cambridge staff.

Curricula used vary across sites, although all programs attempt to individualize materials to suit parent and child needs and goals. Some programs use developmental and screening tests as the basis for curricula. These include materials developed by Portland Oregon Title VI (Salem), the Portage Guide (Jackson and Las Vegas), the Learning Accomplishment Profile (St. Petersburg), FAITH developmental materials developed at the University of Nevada (Las Vegas) and developmental materials designed by the TIPS (Toddlers Infant and Parents) project at the University of Oklahoma (Oklahoma City). Despite the varying curricula, child-development education for parents and activities for children appear to be a dual focus of programs across sites.

During Infant-Toddler (I-T) activities held in the CFRP centers, the focus is on parent/child interaction and on parent education. In some programs parents spend some time observing staff interact with the babies and then do similar things with their children, using the demonstrated techniques. In most programs interaction between parents, staff and infants or toddlers is informal and part of a large group activity session. Parent education meetings or discussion groups are also an integral part of Infant-Toddler activities and may be part of a full morning session or held separate from the time spent with children. In most programs parents and staff meet to discuss child-rearing, developmental issues, child health and nutrition, parent awareness of child behavior and potential problems as well as any concerns parents may wish to address. Child care staff are usually available to tend the babies and their older siblings while parents are participating in these meetings.

Several programs (Jackson, St. Petersburg and Salem) use video-tapes of parent-child interaction or films designed to demonstrate child-rearing styles and methods of child stimulation. Refreshments are frequently served during the transition from parent or staff-child interaction to the group meetings. Transportation to I-T activities is provided by most programs.

In all six programs, the core staff involved in center-based Infant-Toddler activities and meetings are the same as those who do home visiting; staff try to maintain continuity between topics addressed in center and home activities. The home visit is probably the most important way that programs individualize curriculum activities and CFRP services to families. Additional information about the relative structure and content of home visits and center activities are needed in order to understand the dimensions of individualization in CFRP.

2.2.2 Integration with Head Start

Because they are part of Head Start, all CFRP programs are integrated with Head Start to some extent. In all programs, Head Start administrative and/or support staff are available to CFRP for technical assistance. In some programs, supervisory responsibilities are shared between programs, CFRP and Head Start staff attend joint training workshops and home visiting staff serve both CFRP and Head Start families. Many CFRP families are dually enrolled in Head Start as they have children of Head Start age as well as younger and older children. Head Start and CFRP Program staff work closely with each other, meet and share records or information about services to a particular family.

The physical integration of programs varies considerably, although three models can be identified:

1) In two programs (St. Petersburg and Oklahoma), CFRP and Head Start activities are housed in one building, and Head Start administrative offices are approximately one hour away. Although this administration is responsible for more than 10 other Head Start programs throughout the area, these other Head Start programs have no interaction with the CFRP.

2) CFRP and Head Start activities are housed in the central Head Start administrative building. Again, while the Head Start administration is responsible for several other Head Start programs and for action with the CFRP (Salem and New Haven). CFRP services may be concentrated on a particular group of families (Salem and New Haven) and/or a particular set of services to all families (New Haven).

3) CFRP and Head Start activities are both housed in several facilities throughout the area, each serving a different population. In this model, when I-T activities are not provided at one of the three or four sites, CFRP parents go to the nearest facility or attend I-T sessions at a facility used only for that function (Vegas and Jackson).

2.2.3 The Preschool-School Linkage (PSL)

The PSL component is designed for the smooth transition of preschool children to grade school. The PSL is perhaps the least commonly defined and structured aspect of the CFRPs. At this point, PSL operations cannot be fully described, although all programs have common characteristics, i.e., the PSL coordinator works in a number of ways to assist families in the transition of their preschoolers to grade school. PSL coordinators inform parents about what to expect when their child enrolls in school, transfer the child's preschool and health records to the new school, assist parents in articulating their concerns to the teacher, act as a liaison between parents and teachers when problems arise, meet with school personnel to increase understanding of the child, and in general, lend support to parents in dealing with the school system. Some PSL components include tutoring and enrichment programs similar to that of Follow Through.

2.3. Program Differentiation

Although it is impossible to present more than a descriptive overview of the Infant-Toddler, Head Start and Preschool-School Linkage components, some aspects of the CFRPs are more amenable to categorization. Analysis of the data collected initially showed that, while there were only broad program-wide similarities among individual CFRPs, programs could be categorized according the their organizational structure, the opportunities offered for parent involvement, and the role parents had in the program structure. These categories are not intended as analytic typologies. Instead they represent a preliminary attempt to identify aspects of the programs on which individual CFRPs could be compared.

In the remainder of this section, each of the three broad categories is discussed and the program aspects identified under each category are explained. While program aspects included in each category are important ones on which the CFRPs may differ, by no means do they represent a comprehensive listing of all critical elements. For instance, important program aspects such as parental initiative and role in parent education, the mix of direct and coordinated services and the way in which services are individualized are not presented here because it is not yet clear which differences are truly basic and which are more or less cosmetic. Furthermore, many of them can be addressed only with information gathered at an individual family level.

Table 2.1

Organizational Structure

Program Characteristics		Jackson	Las Vegas	New Haven	Oklahoma	St.Petersburg	Salem
Approach to Working With Families	One Person Primarily Responsible		X				
	One Person Coordinated With Team				X	X	
	Team Resposible	X		X			X
Approach to Making Referrals	Coordinated through Staff Person Other than the Family Worker	X		X			X
	Made by Family Worker		X		X	X	X
Referral System	Centralized	X				X	X
	Not Centralized		X	X	X		
Agency Referrals as a Source of Recruiting Families	Most Families	X					
	Not the Majority		X (20.30%)	X (Less than 10%)	X (20-30%)	X (Less than 10%)	X (10%)
Training Opportunities for Staff	Many Available	X				X	X
	Some Available		X	X	X		
Supervisor Staff Knowledge About Individual Family Status	Only One Person Aware	X	X		X		X
	More Than One Person Aware			X		X	

2.3.1 Organizational Structure

Table 2.1 shows the way six of the programs are organized in terms of their approach to working with families, methods of making referrals, opportunities for staff training and the way in which information about a particular family is shared among CFRP staff.

The approach to working with families is an issue for this evaluation in terms of possible outcomes, since there is evidence which suggests that the one-to-one relationship established between a parent and a staff member is associated with greater gains for parents in some programs (Goodson and Hess, 1977)*. When one home visitor or family advocate is primarily responsible for a family, i.e. in the smaller programs (Las Vegas, St. Petersburg and Oklahoma), that staff person provides most services, referrals and follow-up activities to and for the family, sometimes with the assistance of a back-up team of specialists and support staff. In Salem, a relatively small program which has a proportionately large number of staff, a team works with and is responsible for families; services and referrals are, for the most part, carried out by one staff person (Family Advocate) although referrals are coordinated through the social service coordinator. In the larger programs (Jackson and New Haven), teams work with and are responsible for families; usually one person has a major amount of the contact with a particular family. In order to keep track of the large numbers of referrals, they are coordinated through one person assigned that specific task.

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*"Parent Training Programs" in Found: Long Term Gains from Early Intervention for the American Association for the Advancement of Science, Bernard Brown , (Ed.), Boulder: Westview Press.

Recruitment procedures are the vehicle for initial contact with families. While the procedures will not be addressed in this report, in all but one of the programs, a single staff person is responsible for telling the family about CFRP. Typically a series of discussions--usually in the form of several home visits--take place with the family about their participation in CFRP before they are formally enrolled. During this time, staff compile data on family background, needs and goals. Data collection may include a health and nutritional assessment of the family, family child-rearing practices, developmental screenings of the child(ren) in the family and (in one site) information about parents' childhood experiences. In one program (Jackson), new families are given program guidelines and rules prepared by veteran parents. This period may be called "assessment" in some programs; "pre-assessment" in others. It is this process and the creation of an individualized plan developed with the family for services obtained through CFRP that is the most distinctive feature of CFRP. Most of the information for assessment is gathered by a single CFRP staff person. However, assessment is not complete until data gathered by all staff is reviewed and a plan developed for the family's participation.

Assessment meetings--those center meetings at which staff convene to discuss new families and develop a family action plan based on pre-assessment information usually take place four-six weeks after initial contact with the family. Staff from other community agencies may be invited to attend the asssessment meeting if they have had contact with the family pertinent to the issues to be addressed. During the course of the assessment meeting, families are assigned either to a single worker or to a working team/unit, depending on the program's approach to working with families. Parents are usually involved in these meetings. In two of the six summative sites, parent participation in assessment meetings is mandatory. Parents may elect not to participate in these meetings.

Recordkeeping of referrals varies across sites and may prove to be related to service coordination, duplication of services, duplication of staff roles, use of staff time and quality or quantity of service provision. Centralized referral systems ensure that records are available to all interested staff and are maintained in a central program file; this is the case in three of the summative sites. Where referrals are non-centralized, the staff member making the referral maintains his/her own record system and makes them available to other staff as needed.

As shown in Table 2.1, all programs receive some family referrals from their contact with community agencies. Furthermore, the programs' relationships with community agencies and other service-provider organizations include reciprocity on advisory committees and participation in educational workshops. Most programs invite other agency staff to participate in family assessment meetings when those agencies have been involved with CFRP families and CFRPs occasionally train staff from other organizations. The scope of CFRPs' working relationships with community organizations includes formal arrangements with program directors and/or administrators as well as informal contact; in the latter case a CFRP usually identifies a contact person in an agency who is best equipped to help deliver services to program families.

Staff supervision and support are program maintenance activities which are crucial to smooth program operations but which do not directly involve families. CFRP's affiliation with Head Start sometimes implies the availability of technical assistance to staff which otherwise might not be provided. Head Start specialists, i.e., the Education, Health, Handicap and Social Service coordinators, are committed to provide technical assistance for a small percentage of their time specifically to CFRP staff in two programs (Oklahoma and St. Petersburg). (In programs where there is a great deal of integration between Head Start and CFRP, staff-affiliation is irrelevant.) In addition, technical assistance may include mental health, medical, dental, nutritional or educational consultants who provide workshops and seminars for staff. Technical assistance to program staff is also provided by services contracted with other agencies. Three sites have most or all of the technical assistance available as defined above which is used for project planning, staff supervision and training, and career development.

Staff support refers to feedback given to staff from their supervisors, peer support and supervised monitoring of staff who do home visits, supervised review of program curricula (e.g. weekly I-T curricula), regular discussions and review of staff's weekly or monthly caseload report and case conferences where staff or team members share suggestions and techniques. Other evaluations* have suggested that such activities have direct effects on the performance and morale of staff, especially those who work most closely with families. It is therefore important to know the frequency of these maintenance activities as well as staff perceptions of them.

The supervisory role is perhaps the most important in terms of staff capabilities, comfort in working with families and reinforcement of appropriate techniques. The team approach to working with families raises an important issue regarding supervisor; that is, are direct service staff reporting to more than one supervisor who is responsible for helping make decisions about these families? Supervisory roles may become diffuse when one staff person has several supervisors serving the same function. Staff perceptions of supervision and support are particularly important to know since their functioning is probably dependent upon these perceptions. It will also be important to know how programs using a team approach coordinate the work of supervisors. This relationship will be examined in future reports.

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*E.g., Home Start Program Study.

2.3.2 Parental Involvement

Head Start has always recognized the role of parents in the program and CFRP is one of several Head Start efforts which are particularly family-focused.* (O'Keefe, 1978) The variety of ways parents are invovled in CFRP is an important concern in this evaluation.

Table 2.2 shows the types of opportunities for parental involvement routinely made available in each of the six sites visited. The category labeled parental involvement is not intended as a measure of actual staff/family commitment or interaction in a given CFRP but is presented here for descriptive purposes to indicate the degree to which "formal" oportunities exist within the different programs. These opportunities range from a requirement that the parent(s) be present during the assessment to the number and type of activities available for parents within a particular program.

As shown in Table 2.2, parental attendance at staff assessment meetings is not mandatory in four of the

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*"What Head Start Means to Families." Paper prepared by Dr. Ann O'Keefe, Director of Home Start and Child and Family Resource Programs, Head Start Bureau, ACYF, to the Office of the Secretary (DHEW), June 26, 1978.

Table 2.2

Opportunities for Parent Involvement

Program Characteristics		Jackson	Las Vegas	New Haven	Oklahoma	St.Petersburg	Salem
Parent Attendance at Assessment Meetings	Required		X (100%)				X (95%)
	Not Required	X		X	X	X	
Parent Input in Goal-Setting	Required	X	X	X	X	X	X
	Not Required						
Adult Education Opportunities	Regular	X					
	Some		X	X			X
	Referral				X	X	
Opportunities for Organized Activities	Many	X			X		X
	Limited		X	X		X	
Opportunities for Independent Activities	Many	X	X		X		
	Some			X		X	X
Method of Initiating Activities	Parent-Directed				X (80%)		
	Staff Directed	X	X	X		X	X
Volunteering	Widespread	X			X		
	Limited		X	X		X	X

programs and staff in three of those programs report that less than half the parents attend these meetings. In contrast, all of the programs place great emphasis on having the parent participate in setting goals. Although goal setting is an important issue for this evaluation because it addresses individualization and development of family independence, the degree to which activities and services are individualized can be analyzed only through information taken from families' goal attainment records and records of referrals--data not yet available. Thus how successful programs are in terms of setting achievable goals and how important parent participation in the process is in terms of family outcomes cannot be determined as yet.

Parents are, of course, given many opportunities to participate in activities focusing on child development and parenting skills. In addition, programs offer parents opportunities for adult education. Adult education opportunities include GED classes offered at the program, formal arrangements between educational institutions for enrollment of CFRP parents in continuing education or degree programs, on-site job training and university extension courses. Adult education is emphasized in one program, while three programs have some opportunities available. Adult education is clearly viewed as an important opportunity for parent development by all programs since in those sites where adult education is not offered, parents are referred to adult education services outside the program.

Opportunities for parents to volunteer their time and skills are widespread and include secretarial and clerical-related work, leading group discussions, teaching adult arts and crafts classes, organizing social activities, developing lists of relevant discussion materials for use in I-T sessions and parent education meetings. "Limited volunteering" does not mean that the opportunities are limited, but that the scope of areas in which parents can volunteer are limited, e.g., secretarial and clerical-related activities only. Throughout the programs, the scope of volunteer activities parallels the amount of opportunities available for extra-curricular activities.

In addition to adult and child education opportunities, programs provide time and space for parents to work independently on special projects, arts and crafts, sewing, toy and furniture making, cooking, or photography. The extent to which these opportunities are available depends upon the interest and skills of staff and parents, as well as program facilities and resources. In the three programs where there are many opportunities for parents to work on activities independently, mothers can go to special-project rooms on their own time. In the remaining programs, space and time may not allow independent work so that it may be more efficient to conduct special-project workshops at designated times.

Extracurricular activities are very different in their emphasis across sites. The relative emphasis is likely to be related to the availability of resources, capabilities and training of CFRP staff, the goals of the program in regard to parent independence, and other factors mentioned above. The different emphases may prove to be an important variable in parent participation and in the identification of CFRP models across the six summative sites.

It is important to note that the availability of independent extracurricular activities is not necessarily related to the amount of extra-curricular activities available. For example, in one site (Salem) there are many extra-curricular activities, i.e. many workshops or classes, but not many independent extra-curricular activities; in another, there are many independent extra curricular activities but the opportunities are limited, i.e., a few workshops or classes throughout the year.

These various activities may be developed by parent interest and input or based on staff skills and program curricula, but in most cases they are staff directed. The exception is in Oklahoma where there are many opportunities, many independent activities and where parents usually initiate and direct extra-curricula activities.

2.3.3 Parents Role in Program Structure

The role parents play in program structure, policy, planning and recruitment are related both to program maintenance and to the programs' approach to working with families. The relative importance of parents in determining and maintaining the program experience may prove to be as important as program services (Goodson and Hess, 1977).* Data on the frequency, purpose and perception of parents' roles in the different programs are currently being collected. These program variables can then be analyzed in terms of general program emphasis on parent involvement. Table 2.3 shows some of the ways in which programs differ in terms of the opportunities routinely provided for parents to take part in program organization and maintenance.

Most programs do not have an established vehicle for parents to plan and/or evaluate the programs. This does not necessarily mean that parents have no input into program planning and evaluation--simply that there is no formally established committee, and it may be that, with no formal vehicle, some parents may hesitate to voice their concerns.

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*op. cit.

In most programs, however, administrators have an open-door policy for suggestions from parents and parents are encouraged to address their concerns to CFRP staff. The extent to which this actually occurs, however, will be reflected in the family participation records and goal attainment forms which are continuously updated, and in future data collection efforts.

Table 2.3

Parents Role In Program Structure

Program Characteristics		Jackson	Las Vegas	New Haven	Oklahoma	St. Pete	Salem
Policy/ Advisory Council	Vehicle	x		x	x		x
	vehicle if in Head Start		x			x	
Planning/ Evaluation	Vehicle	x					
	no Vehicle		x	x	x	x	x
Family Recruitment	Major role				x	x	
	Assist Family Worker		x	x			
	Minimal Role	x					x
Paid Employment in Program	Available	x		x	x	x	
	Not Usually Available		x				x

Parent involvement in recruiting new families is another structural, administrative area in which parents can have input. In the programs where parents play a major role in family recruitment, they either refer new families to the program or actively recruit as staff do. In two other programs, parents are encouraged to assist staff or help solicit new families. Parents play only minimal roles in family recruitment in two programs which do not usually actively involve families in the recruitment process. The range of involvement across programs vary considerably with two programs falling in each category.

Parent participation in policy or advisory council provides an opportunity for parents to have an impact on the program and services available to them. All programs have an advisory or policy council; the difference between programs depends, to some degree, on the extent of integration with Head Start. Because they are part of Head Start, CFRP parents may be represented on the Head Start Policy or Advisory Council. In two sites, the Head Start Policy/Advisory Council serves as a vehicle for parent policy-making only if their children are enrolled in Head Start and if CFRP parents have enough interaction with other Head Start mothers to be elected to the council. In the remaining four programs, CFRP parents are not required to have a child enrolled in Head Start in order to sit on the council. The apparent amount of parent decision-making within CFRP is an issue which will be considered in light of outcome variables across sites and may simply reflect different administrative approaches among programs.

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3.0 DESCRIPTIVE DATA

3.1 Introduction

The data reported in this chapter are selected variables from the first round of data collection for the evaluation. They have been selected for discussion in this chapter because they describe important aspects of families and staff who will be studied in greater depth in the In-Depth and Impact Studies. The data also allow us to test our assumption that random assignment of families to treatment and control groups would produce two equivalent groups which could be used as the basis for assessing impact of CFRP on the treatment families. Continued analysis of the baseline data will include the development of family and staff typologies and refinement of hypotheses about relationships between different variables domains for families and CFRP staff. In this chapter, data from the In-Depth and Impact Studies are presented and their conceptual importance in the study is discussed.

3.2 In-Depth Study Descriptive Data

Although data reported in this section are preliminary, they offer an initial view of the activities, services, and goals which characterize families' first months in CFRP. Along with information about the interpersonal and program processes of CFRP, these service delivery data comprise the In-Depth study variables about CFRP treatment. It is expected that identification of patterns in service delivery data will help to define the ways in which CFRPs individualize their treatments according to the needs of families. There are already clearly recognizable patterns and differences among sites in the services delivery data presented here. These patterns may reflect characteristics of the families in the program and of the individual staff members who work with them, the program's relative emphasis on different services, and uneven start-up by the programs in working with families. All of these factors are presumed to have influenced the patterns of service delivery and, with the exception of start-up, all are expected to continue to influence service delivery. Therefore, one purpose of examining these data is to begin to develop hypotheses about the mix of these influences at each site and across sites, hypotheses which can be studied in greater depth in later site visits and in analyzing data to be collected in the future.

Data about three types of CFRP service delivery are presented in this section: family participation in home visits and center meetings, services provided directly by program staff or through referrals, and goals set by families with the help of staff.* Since all three were influenced by program start-up, it may be useful to briefly review the typical program start-up process as it occurred this fall.

Programs were told by Abt Associates not to begin working with families until September 5, 1978 to insure that the CFRP "treatment" began at a common time for all sites. By that time, programs had received all or nearly all the names of families who had been selected randomly by Abt Associates to enter CFRP. Program staff then had to locate families and schedule initial home visits and center meetings; staff in all sites experienced some difficulty in locating and scheduling families at this time, probably in part due to the long delay between recruitment and the initial contact. (See Chapter 4 on data collection for more detailed discussion of the same problem encountered by Abt Associates on-site staff.) In interviews conducted by Abt Associates site visitors, staff indicated that the first few weeks of family participation are typically devoted to getting acquainted, helping parents understand what CFRP is about and what it offers, and helping parents decide how they want to participate. For any new family in CFRP, there is an initial period of building a relationship during which home visits and center meetings take place, but no routine for visiting and meetings has been established.

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*All data discussed in this section were supplied by CFRP staff completing Family Participation and Goal Attainment Forms for the first 3-4 months of program service (see Chapter 4 for full description.

3.2.1 Family Participation in Home Visits and Center Meetings

Table 3.1 show the number of home visits completed for each family. Patterns of home visiting differ across sites. For example, nearly all families in all sites had been visited but in two sites (Las Vegas and Oklahoma City) many families had been visited only once or twice. In both sites, Abt Associates on-site staff experienced considerable difficulty in locating and scheduling parents for interviews. Thus it may be that the number of home visits was influenced strongly by particular characteristics of the families. This is likely to be particularly true in Las Vegas where more than half the CFRP sample are teen-age mothers who attend school and are not easily available for visits at home. In addition, these two programs had home visiting staff positions vacant for some weeks in the fall, and visits had to be delayed while new staff were hired and trained. The programs in Jackson and St. Petersburg both completed more visits with more families than other programs. Because both are part of large on-going Head Start programs which maintain staff operations throughout the summer, it is possible that their larger organizational structure contributed to faster start-up.

It is possible that patterns in the number of home visits and center meetings can be used essentially to identify a program's emphasis in providing services. There are real structural differences among programs in the frequency of these activities. For instance, in New Haven, families are visited once every week and come to two center meetings during a single week each month. In Oklahoma City

Table 3.1

Home Visits

Number of Home Visits	Number of Families by Site					
	Jackson[b]	Las Vegas[b]	New Haven[b]	Oklahoma City[a]	St. Petersburg[b]	Salem[a]
0	1	4	0	0	1	0
1	1	3	5	16	2	1
2	2	16	4	11	3	0
3	2	4	1	4	6	6
4	5	4	3	0	3	4
5	2	2	2	0	7	6
6	2	1	1	0	7	2
7	3	0	0	0	1	5
8	3	1	1	0	0	7
9	2	0	0	0	2	3
10	3	0	0	0	1	5
11	4	0	0	0	0	2
12	2	1	1	0	1	0
13 +	8	0	0	0	2	0
Missing Data	0	7	21	9	4	40
Total Sample Size	40	43	39	40	40	40

[a] Data reported for 14 weeks

[b] Data reported for 17 weeks.

families are visited on the average once a month; center meetings are held twice a month.

It is also plausible that differences in these figures reflect, or will reflect, deliberate individualization of services; that is, a different schedule for home visiting may be arranged for a mother who works or for whom it is important to meet somewhere other than home. Some programs allow and encourage more such individualization than others. With additional data on individualization and on scheduled activities by site, it should be possible to differentiate patterns of service that are attributable to program sturcture from those that are due to family or staff differences.

Staff differences in working with families are likely to be an important source of variation in service delivery; so important are these differences expected to be that analyses will be aggregated at the individual staff member level within site. It is likely that differences in staff are a major source of variation in the patterns shown in this section.

For center meeting attendance by families, similar patterns can be seen, and a similar array of hypotheses are possible about the sources of variation in the patterns. For instance, the fact that many families in Las Vegas and Oklahoma have not attended meetings again probably reflects staff vacancies and the relative inaccessibility of teen-age mothers. Likewise, the relatively large number of families who have not attended meetings in Jackson, and Oklahoma City may also reflect the rural location of many families and the difficulty in providing transportation to meetings. Center meeting attendance is subject to the same influence as home visits; however, there is even greater variation possible within the figures for center meetings than for home visits, because figures in Table 3.2 represent

Table 3.2

Family Participation in Center Meetings

Number of Center Meetings	Number of Families by Site					
	Jackson[b]	Las Vegas[b]	New Haven[b]	Oklahoma City[a]	St. Petersburg[b]	Salem[a]
0	13	27	6	24	5	19
1	3	4	4	1	12	5
2	3	2	0	3	8	3
3	4	0	3	2	3	2
4	3	2	1	0	2	0
5	6	0	0	1	0	1
6	2	0	1	0	1	1
7	2	0	1	0	1	2
8	0	1	1	0	1	3
9	2	0	0	0	1	1
10 +	2	0	1	0	2	4
Missing Data	0	7	21	9	4	40
Total Sample Size	40	43	39	40	40	40

[a] Data reported for 14 weeks

[b] Data reported for 17 weeks.

center meetings of four kinds: 1) infant-toddler sessions, 2) parent education classes, 3) policy council meetings, and 4) special activities such as get-acquainted parties sponsored by the center. The staff reporting form* shows separate totals for these various activities which will be analyzed separately in the future. However, information gathered for the program study (and discussed in Chapter 2) shows that programs differ in the number of activities at the center available to families. It will be particularly important to identify participation in center activities by area within site, since in some sites such as Las Vegas and Jackson, different centers are used by families in different parts of the city or county. As each center has its own staff and family groups, the schedules and types of meetings are likely to vary from center to center as they do from staff to staff member.

3.2.2 Services Provided to Families

It is clear from the figures in Table 3.3 that services other than home visits and center meetings have not yet been provided to many families in each site although it is not possible to tell whether this is because families have not yet identified needs for services or programs have been unable to provide them. It is also clear that by far the majority of services are being provided through referrals to other agencies and not directly by Head Start or CFRP staff.

Provision of services is one of the most important domains of CFRP treatment. CFRP is mandated to provide or cooordinate services to families. Sites, however, often intepret guidelines differently regarding whether they provide services directly through their own staff (including, for example, specialists such as public health nurses) or act as a clearing house/advocate for services which exist through other agencies in the community. Program interpretations and emphases on direct rather than coordinated services often reflect staff, structure, and program size as well as the availability of resources in the surrounding community. Figures in Table 3.3 show that most are coordinating services rather than providing them directly, although more information is required on the types of services available. Data on type of services are being collected on the staff reporting form and will be analyzed to discover patterns in types of services tha programs routinely provide in-house and those for which they refer. It is also important to verify with staff whether they are recording all the direct services (such as health screenings) that they are providing.

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*Family Participation and Goal Attainment Form.

3.2.3 Goals for Families

Information on goal setting and attainment is one of the most important variable domains of CFRP treatment for this evaluation. The explicit emphasis in CFRP guidelines on family assessment and on goal setting by the family distinguish CFRP from other child and family development programs such as Parent Child Centers or the Parent Child Development. Assessment and goal setting are important because they highlight the importance of the parent in determining what the programs will do for her family and how she will be involved in individualizing the program for herself and her family. Goal attainment will be viewed and analyzed as an intermediate program outcome for CFRP families; it seems to be the most appropriate criterion-referenced measure of program success given the mandate of CFRP to individualize treatment. There are a number of possible hypotheses concerning the relationships of goal attainment to family characteristics, to individual staff effectiveness and style, to program emphasis and community resources, and these hypotheses will be developed and studied in greater detail as more data on goal attainment is available.

Table 3.3

Services Provided to Families

Number of Services	Services Provided to Families					
	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem
0	29	8	15	19	13	20
1	6	14	3	4	11	6
2	2	8	0	3	9	2
3	2	3	0	2	1	2
4	1	2	0	2	1	1
5	0	1	0	0	1	0
6 +	0	0	0	1	0	0
Number of services provided by Head start or CFRP	2	0	0	5	4	2
Number of services provided by other agencies	18	52	3	23	39	18
Missing Data	0	7	21	9	4	0
Total Sample Size	40	43	39	40	40	40

The process of collecting goal attainment data is the source of much variation in the data, especially as staff become accustomed to articulating and recording goals on these forms. Most program staff keep their own records of goals with which they have agreed to help families; but the program records differ in various ways from the Goal Attainment Form being used for the evaluation. Consequently not only are there important differences in the types of goals set by families with staff but also differences as in the ways staff conceptualize and articulate goals. The evaluation Goal Attainment Forms include steps for each goal to help distinguish between one-time and on-going goals and to keep track of complex goals which may involve different roles for staff and families.

Although the goal attainment form records much more complex information than is presented here, the following variables are most important for initial understanding of goal setting: the number of goals set for families (Table 3.4) and frequency of types of goals set initially by families (Table 3.5).

Table 3.4 shows that in half the sites goals have not been set for a considerable number of families. These are three sites which experienced some delays in start-up working with families and the fact that goals have not yet been identified simply means that neither families nor staff had become well enough acquainted with the program and each other to complete the assessment process. In most sites the small number of goals for most families probably reflects the family and staff inclination to start with the goals that are easiest to identify, although this does not necessarily mean that they are short-term goals.

Looking at type of goals in Table 3.4., it is apparent that relatively few goals were identified for children in the family, with needs for health care or

Table 3.4

Number of Goals Set per Family

Number of Goals	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem
0	1	16	12	16	6	4
1	1	1	2	3	6	10
2	14	4	4	6	13	7
3	13	6	0	4	7	5
4	5	3	0	0	3	7
5	3	2	0	1	0	1
6	0	1	0	0	1	4
Number of families for whom data are missing	0	7	12	9	4	0
Total Sample Size	40	43	39	40	40	40

Table 3.5

Goals Set by Families with Staff

Goals For Children	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem
Health	8	11	no goals for children recorded	1	1	
Child Care		2			15	
Head Start				1	7	
Clothes	1			1		
Dentist				1	1	
Development testing				1		
Improve Develop. skills		1				
Alternate discipline	5				1	
School linkage	1					
Other				2		
Goals For Adults						
Employment	11	8	1	5	21	
Education	24	11	5	1	11	
Health		2			5	
Birth Control		3				
Dentist		4		1	1	
Better Housing	10	7	1	7	7	
furniture	1			6		
Welfare	3	3		3		
WIC/Food Stamps	2	4		1		
Money or Emergency asst.	1	3				
Program Participation (improve or change)			2	1	5	
Parent skills	18	1			4	
Personal devel.	5				1	
Family counsel.					1	
Legal aid					1	
Get married	1				1	
Use community resources	1		1			
More socializing & community involv.	2					
Transportation or license						
Out of debt	1					
Improve family relationships	6					
Lose weight	1					
Menu Planning	1					
Have another child				1		
Set up own home	2			2		
Other						

screening, child care arrangements and enrollment of children in Head Start occurring most frequently.

Goals for adults are the most common. Included in this category are goals which would benefit the entire household, such as better housing. Although there is a broad range of goals, and many families have not yet identified goals which staff were ready to report, it is clear that initial goals for families reflect their poverty status. The most common goals concern education (either completing GED or high school or obtaining job-related education) and jobs for mothers. Many families also want better or bigger housing. Relatively few goals concern registration for welfare or other government programs such as food stamps; this may reflect that many families are already enrolled in these programs, or, equally possible, that they see economic independence (with improved education and employment) as primary goals.

A number of goals scattered across programs reflect concerns of mothers with family relationships, being a parent, and other aspects of personal growth or development. It is impossible to tell from these preliminary data how the number and types of goals are related to the characteristics of families or of programs in the fall of 1978. It is clear that economic concerns or concerns about family living circumstances are foremost for families at this time. Data on goal attainment for at least a full year will be required before any conclusions can be drawn about differences among sites in setting goals with families.

3.3 Impact Study Descriptive Data

All families in the evaluation sample have in common their low-income status (based on federal poverty guidelines concerning family size) and the presence of an infant under age one in the family; these were conditions of CFRP eligibility used in recruiting the sample for the evaluation. Baseline data were collected on a variety of family characteristics at the start of the study in fall 1978 in order to investigate whether the random assignment procedures had produced two equivalent groups of CFRP and non-CFRP families needed for an impact study and to establish baseline characteristics of families against which later changes could be measured and compared across groups of families. The discussion in this section has two purposes: to delineate general characteristics of the sample groups within and across sites; and to identify the statistical and practical significances of difference between these groups.

A descriptive overview of family characteristics presented in this section is based on data collected through parent interviews with sample mothers in October and November, 1978. Preliminary analyses of baseline data indicate that comparison and CFRP groups are, indeed, quite similar. Random assignment procedures worked quite well, producing groups that are equivalent for purposes of the study, although they exhibit differences on some dimensions.

There are two types of differences noted in this discussion--between-site differences and within-site differences. Differences between sites include such factors as racial composition of families, mother's education, use of child care and other such variables. These differences reflect the actual differences between client populations in the various sites and they are reported here in order to characterize the study sample in general.

The other type of differences are those between CFRP and comparison groups within-site. These are potentially important as they may reflect changes in CFRP and comparison group composition which occurred between recruitment and study start-up or they may reflect differences due to chance in selecting the original samples. Eventually such differences may require some statistical adjustment in order to make the two groups comparable. Fortunately, few statistically significant differences were identified between groups within site and these are not important at this stage of the analysis, although they are identified by footnotes in the tables. These differences will be investigated more fully as analysis proceeds to further insure that they have no bearing on impact study results.* At this point, however, the sample groups within and between sites appear to be equivalent and to provide a sound basis for the impact study.

The most straightforward and broadly descriptive items were selected from Parent Interview I for discussion in this section. They represent three of the five areas of outcome for the impact study: family circumstance, maternal and child health, and parent-child interaction.** For a brief discussion of statistical methods used in analysing these data see section 3.3.5, at the end of this section.

3.3.1 Family Circumstance

This broad area contains many descriptive characteristics of the families including their economic status.

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* The within-site differences cited here refer, in one instance, to mothers' ages and, in another, to the [illegible] of child care for older children.

**The five outcome areas designated for the impact study are family circumstance, maternal and child health, parent-child health, child development and achievement and family capacity for independence (which includes coping skills, use of community services, and contact with family and social networks).

Although long-term changes in the families' economic circumstances may not be detectable within the time that a family spends in CFRP, change in some indicators may be identified. Indicators of economic status represent some of the more important possibilities for long-term impact on families in CFRP, and the families' similarities on these measures are therefore quite important. Study analyses shows that most differences detected for variables of family circumstance are site-to-site differences and reflect differences in the sample characteristics from site-to-site. These differences are not important analytically because the within site samples are comparable. The one potentially important difference between groups is discussed at the end of this section.

Mother's age, race, and household size provide a framework for other information about family economics. Race varies greatly by site due to the fact that CFR Programs serve populations of different racial mixes in different sites (Table 3.4). In general black families represent well over half the sample in Oklahoma City, St. Petersburg, and Las Vegas; in Jackson the racial mix is about half white and half black. In New Haven black families are about half the sample with Hispanic and white families comprising the other half. Salem has primarily white families. The category "all others" includes mothers who are Asian and Native American as well as those who consider themselves bi-racial.

Family type characterizes the household composition of the sample. Three commonly occurring categories were identified: households consisting of single adults, all mothers, with a child or children (Type A); households consisting of mother, father or adult male and the children (Type B); and households where mothers and child or children lived with one or both of the mother's parents, a child's

Table 3.4

Impact Study Sample: Race of Mother

(Number of mothers)

Site		Black	Hispanic	White	All Others[a]
Jackson	CFRP	11	1	25	2
	Comparison	10	0	20	1
New Haven	CFRP	17	12	7	1
	Comparison	19	7	3	1
Oklahoma City	CFRP	30	1	3	7
	Comparison	40	23	3	16
Las Vegas	CFRP	17	3	8	14
	Comparison	34	1	5	4
St. Petersburg	CFRP	36	0	5	1
	Comparison	40	1	4	1
Salem	CFRP	0	3	36	2
	Comparison	2	0	42	9

[a] Includes missing data and mothers who consider themselves belonging to more than one race.

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grandparents (Type C). The Type D household was usually the mother and child and other adults which included mother sisters or brothers, other relatives, or friends.

Some general patterns may be identified although the statistical significance of these figures has not been calculated (see Table 3.5). Single mothers with children are most common in New Haven, Salem and St. Petersburg. Five sites have about one-third families with two parents or parent figures (New Haven, Jackson, Oklahoma City, and Salem). Extended family households (Type C) are most common in Las Vegas although a substantial proportion are also found in Oklahoma City. At this point no meaningful pattern of family type can be readily identified without further analysis.

The sample, overall, is comprised of relatively young mothers: more than 70% are under age 25 in all sites. Mothers' ages vary by site (Table 3.6): Las Vegas has an average age of less than 20 years, while other site averages are 22 to 24 years. Babies ages show some site differences as shown in Table 3.6.

Household size varies slightly by site with households in Las Vegas larger than those in other sites and those in Salem smaller than average (Table 3.7). Household composition, or family type (the mix of related adults and children in the family) is likely to be a more important identifying characteristic than simple size of household. St. Petersburg and Las Vegas have the lowest proportions of currently married mothers and the highest of mothers never married (Table 3.7).

Income variables include gross household income, whether family income is derived primarily from public assistance and whether another worker aside from the mother

Table 3.5*

Impact Study Sample: Family Type

(Percentage of families)

Site		Type A M-C	Type B M-F-C	Type C GP-M-C	Type D Other
Jackson	CFRP	30	38	27	5
	Comparison	30	39	18	12
New Haven	CFRP	43	40	11	6
	Comparison	39	39	18	4
Oklahoma City	CFRP	28	36	31	5
	Comparison	18	39	39	5
Las Vegas	CFRP	11	18	66	5
	Comparison	8	22	51	20
St. Petersburg	CFRP	50	15	28	7
	Comparison	34	20	34	12
Salem	CFRP	40	45	12	3
	Comparison	41	42	14	3

Type A:	Single mother and child or children
Type B:	Mother, father or adult male and child(ren)
Type C:	Mother, grandparent(s) and child(ren)
Type D:	Mother, child(ren) and other adults (relatives or friends)

*No tests of statistical significance have been performed for these figures as they were compiled for descriptive purposes only from family roster data.

Table 3.6

Impact Study Sample: Mothers' and Infants' Ages
(as of December 1978)

Site	Infants (months)			Mothers (years)[a]		
	Mean	Standard Deviation	Valid N[b]	Mean	Standard Deviation	Valid N[b]
Jackson CFRP	4.92	2.61	35	21.41[c]	3.96	39
Comparison	6.20	3.14	25	25.13[c]	5.93	31
Las Vegas CFRP	4.83	3.11	26	19.90	4.65	41
Comparison	5.09	3.26	27	19.30	2.53	44
New Haven CFRP	6.46	3.95	31	24.82	5.84	37
Comparison	6.59	3.20	23	24.76	5.23	29
Oklahoma CFRP	6.65	3.73	36	22.49	5.50	40
City Comparison	6.73	3.47	43	23.14	5.92	61
St. Petersburg CFRP	5.78	3.43	43	23.24	5.77	42
Comparison	5.06	2.45	33	23.44	7.47	54
Salem CFRP	5.97	3.11	47	23.68	5.79	41
Comparison	5.81	3.04	39	22.95	3.70	53

[a] Site differences in mean mother's age are significant, p <.001.

[b] Valid n excludes missing data.

[c] The CFRP-comparison group contrast of mother's age in Jackson is significant, p = .032.

Table 3.7

Impact Study Sample: Average Size of Household and Marital Status

(Percentage of mothers)

Site	Average Size[a]	% Marital Status Married[b]	Never Married[c]	Other[d]	Number Missing
Jackson CFRP	5.31	34	61	5	1
Comparison	5.94	50	37	13	1
Las Vegas CFRP	6.29	17	76	7	0
Comparison	6.80	25	68	7	0
New Haven CFRP	5.41	35	43	22	0
Comparison	5.60	33	47	17	1
Oklahoma CFRP	6.43	43	38	20	0
City Comparison	6.85	39	46	14	3
St. Petersburg					
CFRP	5.67	12	64	21	1
Comparison	6.78	17	65	19	0
Salem CFRP	4.68	45	28	28	1
Comparison	5.13	41	35	24	2

[a] Site differences in mean household size are significant, $p < .001$.

[b] This includes "informal marriages" while excluding "separated". Site differences in proportion of mothers who are married are insignificant, $p < .001$.

[c] Site differences in proportion of mothers who have never married are significant, $p < .001$.

[d] This includes divorced, widowed, and separated.

contributes to the suport of the household. Families in Jackson are almost equally likely to report earnings and public assistance as primary sources of income. Salem has a larger proportion of families whose reported primary source of income is welfare, while Oklahoma City, St. Petersburg and Las Vegas report a greater proportion of families for whom earnings are the primary source of income (Table 3.8). It is interesting that Oklahoma City, St. Petersbury and Las Vegas are also sites with higher proportions of extended family households and of persons other than the mother contributing to the support of the household (Tables 3.10). In half or more of families in all sites, however, someone other than the mother contributes to the support of the household. Most families derive some income from both earnings and public assistance (Table 3.9).

Enrollment in some type of health insurance program (including employment-related programs and Medicaid) is another indicator of economic status often used in studies of health service use, since use of services is often related to the availability of some type of health insurance. St. Petersburg is the only site with a relatively high proportion of families with no such protection; this is not an important difference among sites (Table 3.11).

Gross household income is reported to be less than $9,000 annually in all sites. Las Vegas families have higher incomes than those in other sites while St. Petersburg and Salem incomes are lowest (Table 3.12). No adjustments have been made for regional differences in costs of living are reflected in these figures. Later analyses will take these differences into account and will also link gross income to household size for a more meaningful assessment of its impact on families.

Table 3.8

Impact Study Sample: Reported Primary Income Source

(Percentage of families)

Site		Earned[a]	Public Assistance[b]	Other[c]	Number Missing[d]
Jackson	CFRP	43	51	5	2
	Comparison	40	57	3	1
Las Vegas	CFRP	68	24	5	4
	Comparison	69	21	8	5
New Haven	CFRP	37	54	9	2
	Comparison	57	39	4	2
Oklahoma City	CFRP	53	42	5	2
	Comparison	51	33	13	2
St. Petersburg	CFRP	65	30	5	2
	Comparison	59	32	10	3
Salem	CFRP	33	49	18	2
	Comparison	42	48	10	1

[a] Site differences in the proportion of families reporting earned income as their primary income source are significant, $p = .003$.

[b] Site differences in the proportion of families reporting public assistance as their primary income source are significant, $p = .002$.

[c] This category includes unemployment compensation, workmen's compensation, pension, alimony, and "other."

[d] Missing data include "don't know" and refusals, as as well as data that are actually missing.

Table 3.9

Impact Study Sample: Income Sources[a]

(Percentage of families who derive *any* income from:)

Site	1	No. Miss.	2	No. Miss.	3	No. Miss.	4	No. Miss.	5	No. Miss.	6	No. Miss.
Jackson CFRP	68	1	76	1	13	1	24	1	13	1	30	19
Comparison	77	1	87	1	17	1	10	1	21	2	14	17
Las Vegas CFRP	88	0	83	0	10	1	8	2	10	2	29	7
Comparison	80	0	82	0	23	1	9	1	7	1	22	7
New Haven CFRP	50	3	66	2	12	3	3	3	0	3	3	8
Comparison	64	2	57	2	0	2	8	2	14	2	4	4
Oklahoma CFRP	75	3	63	0	13	0	5	0	7	10	26	17
City Comparison	80	3	63	2	10	5	8	2	9	3	36	25
St. Petersburg CFRP	82	3	53	4	6	5	9	7	9	7	21	28
Comparison	69	6	68	7	9	8	11	10	9	9	23	41
Salem CFRP	78	0	88	0	22	0	5	0	20	0	21	12
Comparison	68	0	89	0	19	0	13	0	21	0	22	16

[a] Row totals exceed sample sizes because multiple responses are possible. Category codes are:

1. earned income
2. AFDC, welfare, public assistance
3. unemployment
4. workmen's compensation, pensions
5. alimony
6. other

Table 3.10

Impact Study Sample: Households in which Someone Else Works to Aid Family Income

(Percentage of families)

Site		Yes	No	Number Missing
Jackson	CFRP	54	46	2
	Comparison	67	33	1
Las Vegas	CFRP	73	28	1
	Comparison	70	30	0
New Haven	CFRP	38	62	0
	Comparison	57	43	2
Oklahoma	CFRP	63	38	0
City	Comparison	74	26	3
St. Petersburg				
	CFRP	51	49	1
	Comparison	52	48	2
Salem	CFRP	51	49	0
	Comparison	57	43	0

Table 3.11

Impact Study Sample: Health Insurance Enrollment, Including Medicaid

(Percentage of families)

Site		Yes	No	Number Missing
Jackson	CFRP	97	3	0
	Comparison	94	6	0
Las Vegas	CFRP	83	17	0
	Comparison	86	14	0
New Haven	CFRP	89	11	0
	Comparison	93	7	1
Oklahoma	CFRP	83	18	0
City	Comparison	93	7	3
St. Petersburg	CFRP	71	29	0
	Comparison	77	23	1
Salem	CFRP	76	24	0
	Comparison	92	8	0

Table 3.12

Impact Study Sample: Reported Gross Annual Income

(Percentage of families)

Site	Income Category:[a] 1	2	3	4	5	6	7	Number Missing[b]
Jackson CFRP	72	10	7	3	3	3	0	10
Comparison	48	28	12	12	0	0	0	6
Las Vegas CFRP	46	16	11	8	3	0	16	4
Comparison	32	26	6	21	3	6	6	10
New Haven CFRP	55	23	13	6	0	0	3	6
Comparison	35	43	9	4	9	0	0	7
Oklahoma CFRP	44	28	19	3	6	0	0	8
City Comparison	42	21	17	6	6	0	4	11
St. Petersburg								
CFRP	72	8	11	6	0	0	3	6
Comparison	61	17	15	2	2	0	2	13
Salem CFRP	71	17	6	3	0	0	3	7
Comparison	59	12	17	5	2	5	0	13

[a] Categories are:

1. $3001 - $6000
2. $6001 - $9000
3. $9001 - $12,000
4. $12,001 - $15,000
5. $15,001 - $18,000
6. $18,001 - $21,000
7. $21,001 and up

Site differences in mean reported gross income are significant, p=.003.

[b] "Missing" includes refusals and "don't know" responses.

Most of the mothers in the sample have little education. More than half the mothers in each site have less than a high school diploma or G.E.D. (Table 3.13). Oklahoma City and Salem have similar proprotions of mothers with less than a high school education but more mothers with some college.

A substantial proportion of mothers with infants are employed while an unusually high percentage report having some type of work experience (Table 3.14). These figures are somewhat surprising. First, although it is not unusual for mothers to work while they have infants, mothers who are currently employed constitute about 28% in our sample. Similarly, the percentage of young women having some type of work experience (85% or more in all sites except New Haven with 74%) is somewhat surprising considering the age of many mothers and the high level of unemployment among women under age 20 in this county. This is potentially an important characteristic of the sample mothers, as CFRP is not tailored in all sites to mothers who work.

Two additional indicators of economic status and mobility were obtained: home ownership and years in the house or neighborhood. Most families in the sample rent their homes, although a fair proportion report themselves as homeowners (20% in Jackson and Oklahoma (see Table 3.15). The relatively high proportion of respondents who indicated "other" are likely mothers living with their own parent(s); a substantial number of extended family households have been identified in the sample, especially in Las Vegas, Oklahoma City and St. Petersburg.

Physical mobility, as indicated by three measures of residential stability, is fairly high for most sites. The most "stable" sites (Las Vegas and Oklahoma) have families that report moving an average of about three times

Table 3.13

Impact Study Sample: Mother's Educational Attainment

(Percentage of mothers)

Site		8th + less	9th to 11th	12th + GED	1-3 yrs college	college grad	Number Missing
Jackson	CFRP	8	53	39	0	0	1
	Comparison	7	48	31	10	3	2
Las Vegas	CFRP	5	51	32	12	0	0
	Comparison	2	50	32	16	0	0
New Haven	CFRP	16	35	41	7	0	0
	Comparison	21	28	38	14	0	1
Oklahoma	CFRP	5	41	41	13	0	1
City	Comparison	3	33	40	22	2	3
St. Petersburg	CFRP	15	37	41	7	0	1
	Comparison	6	43	40	9	0	2
Salem	CFRP	5	34	34	27	0	0
	Comparison	6	38	32	23	0	6

Table 3.14

Impact Study Sample: Mothers Ever Employed and Currently Employed

(Percentage of mothers)

Site		Ever: %Yes	Number Missing	Currently: %Yes	Number Missing
Jackson	CFRP	87	0	26	5
	Comparison	94	0	38	2
Las Vegas	CFRP	88	0	25	5
	Comparison	80	0	23	9
New Haven	CFRP	76	0	25	9
	Comparison	72	1	24	9
Oklahoma City	CFRP	88	0	29	5
	Comparison	95	2	38	5
St. Petersburg	CFRP	86	0	36	6
	Comparison	87	0	26	7
Salem	CFRP	93	0	18	3
	Comparison	94	0	22	3

Table 3.15

Impact Study Sample: Home Ownership
(Percentage of families)

Site		Own	Rent	Other	Number Missing
Jackson	CFRP	13	68	18	1
	Comparison	27	57	17	1
Las Vegas	CFRP	7	73	20	0
	Comparison	7	45	48	0
New Haven	CFRP	8	84	8	0
	Comparison	10	77	10	1
Oklahoma City	CFRP	23	55	23	0
	Comparison	20	37	41	2
St. Petersburg	CFRP	15	56	29	1
	Comparison	10	50	40	2
Salem	CFRP	0	98	2	0
	Comparison	6	83	11	0

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in the past five years, with an average length of residence in the neighborhood or area of just over five and one-half years. Salem, on the other hand, has families reporting an average residency, in their current house, of only about one year, averaging more than seven moves in the past five years (Table 3.16).

On-site staff experience with locating families in the sample during the start-up of interviewing would suggest that families move from home to home within a neighborhood more frequently than they move to a new neighborhood or area. In fact, field staff experience would suggest that either families under-report the number of times they have moved in the past years or the number of families who actually do move frequently are a small (but time-consuming to locate) sub-group of the sample as a whole.

The one important difference between groups within a site is the CFRP and non-CFRP mean difference in mother's ages in Jackson, Michigan. In Jackson, CFRP mothers are nearly 4 years younger than those in the comparison group, a statistically significant difference. In addition, other small differences, none statistically significant, were found between the groups: CFRP babies were slightly younger, the proportion of CFRP mothers never married is higher and CFRP mothers have less education. At the time of randomization, broad characteristics of the two groups were compared (mother's age, children's ages) and at that time they were comparable. It appears that more young mothers, less educated and more frequently not married, dropped out of the comparison group while the same mothers stayed in the CFRP sample between the time of recruitment and the time they were contacted for the program or the study. Further investigation will determine the extent to which impact study analyses will require adjustment to take these differences into consideration.

Table 3.16

Impact Study Sample: Residential Stability Measures

		years lived in:								
		house[a]			neighborhood[b]			times moved, past 5 years[c]		
Site		Mean	Standard Deviation	N	Mean	Standard Deviation	N	Mean	Standard Deviation	N
Jackson	CFRP	2.99	5.76	39	4.78	7.02	39	4.97	8.62	37
	Comparison	2.33	3.73	31	4.55	7.33	31	5.10	4.68	29
Las Vegas	CFRP	4.50	5.08	41	6.41	5.58	41	3.05	4.21	41
	Comparison	3.67	4.81	44	5.52	5.69	44	2.73	2.80	44
New Haven	CFRP	2.04	2.12	37	6.59	6.93	37	2.57	2.81	37
	Comparison	2.26	2.01	29	4.48	4.38	29	2.22	1.65	27
Oklahoma City	CFRP	3.87	4.79	40	5.74	6.24	40	2.38	2.90	40
	Comparison	4.42	6.20	61	5.52	6.64	61	2.95	3.16	61
St. Petersburg	CFRP	3.34	4.16	42	4.41	5.25	42	2.00	1.85	40
	Comparison	4.73	4.96	54	6.06	5.85	54	1.98	3.30	52
Salem	CFRP	0.88	1.61	41	2.44	4.54	41	8.10	9.10	40
	Comparison	1.44	2.80	53	2.73	4.25	53	7.21	6.39	52

Site differences in mean number of years lived in this house are significant, p <.001.

Site differences in mean number of years lived in this neighborhood are significant, p=.011.

Site differences in mean reported number of moves in the past five years are significant, p <.001.

In summary, however, family circumstances for evaluation groups within sites are very similar and provide a useful background for studying other aspects of family development. Indicators of family circumstance will be used to develop a typology to help characterize families in the evaluation. This typology will be most useful to the extent it can be multi-dimensional, clustering several important variables that describe the family as an economic unit.

3.3.2 Maternal and Child Health

Baseline indicators of maternal and child health emphasize the circumstances surrounding prenatal care, birth and early health of the child. Frequencies reported here are based on mothers' reports but verification will be obtained from hospital birth records for each child.

Nearly all the mothers reported having "regular health care checkups" while pregnant (Table 3.17). Nearly one-forth to one-third reported some kind of complication with the pregnancy although such complications ranged in seriousness from high blood pressure to toxemia. Mother's health was indicated by the mothers self-report of whether she had a continuous health problem that interferred with her normal routine; about one-quarter of all mothers reported such health problems but no indication of the seriousness of the problems was made (Table 3.18).

The average baby's reported birthweight varies slightly from site to site with a range of 7.0 to 7.6 pounds (Table 3.19). Only about 5% of the infants weighed less than 5 pounds when born; there are no striking site-to-site differences in the proportion born at less than 5 pounds.

Health care for babies, represented by the number of times the baby had been taken to the doctor or clinic

Table 3.17

Impact Study Sample: Prenatal Medical Care

(numbers of mothers)

Site		Regular medical checkups while pregnant: Yes	No	Number Missing
Jackson	CFRP	39	0	0
	Comparison	31	0	0
Las Vegas	CFRP	38	2	1
	Comparison	43	1	0
New Haven	CFRP	35	2	0
	Comparison	28	1	1
Oklahoma	CFRP	39	1	0
City	Comparison	56	3	0
St. Petersburg				
	CFRP	42	3	0
	Comparison	51	3	0
Salem	CFRP	39	2	0
	Comparison	50	2	1

Table 3.18

Pregnancy Complications and Continuous Health Problems Reported

(Percentage of mothers)

Site	Pregnancy Complications		Health Problems	
	%Yes	Number Missing	%Yes	Number Missing
Jackson CFRP	26	0	31	0
Comparison	35	0	29	0
Las Vegas CFRP	18	1	17	0
Comparison	25	0	25	0
New Haven CFRP	24	0	32	0
Comparison	38	1	24	1
Oklahoma CFRP	30	0	28	0
City Comparison	34	2	22	2
St. Petersburg CFRP	38	0	24	0
Comparison	24	0	19	0
Salem CFRP	20	0	39	0
Comparison	30	0	26	0

Table 3.19

Babies' Birth Weights

Site	Birth Weights (lbs)			Current Weights (Entries are percentages of valid cases)			
	Mean	Standard Deviation	Valid N	< 5 lbs.	5-10 lbs.	> 10 lbs.	Number Missing
Jackson CFRP	6.85	1.36	39	8	92	0	0
Comparison	7.22	1.33	31	10	90	0	0
Las Vegas CFRP	6.96	1.02	41	5	95	0	0
Comparison	6.67	1.25	44	9	91	0	0
New Haven CFRP	6.80	1.61	37	5	92	3	0
Comparison	6.98	1.43	29	3	97	0	1
Oklahoma CFRP	6.65[a]	1.24	40	5	95	0	0
City Comparison	7.28[b]	1.24	61	3	92	5	0
St. Petersburg CFRP	7.00	1.32	42	7	93	0	0
Comparison	6.47	1.53	54	15	85	0	0
Salem CFRP	7.60	1.19	41	0	100	0	0
Comparison	7.51	1.14	53	2	96	2	0
TOTAL CFRP				5	95	0	0
Comparison				7	92	1	1

[a] Site differences in mean reported birth weights are significant, p=.005.

[b] The CFRP comparison group contrast of birth weights in Oklahoma City is significant, p=.061.

since birth, varied from site to site (Table 3.20). As the age of babies was distributed evenly across sites, it would appear that this variation is due either to availability of care in some sites and not in others or to expectations about the appropriate number of times a baby should be seen by health staff.

3.3.3 Infant Temperament and Parent Response (Parent-child interaction)

A variety of measures were include in Parent Interview I concerning parent-child interaction.* This section describes mothers' reports about specific aspects of their infants' temperament and their own response to the infant. The mothers were also asked to indicate whether they felt their child was a difficult or easy child and whether the child's temperament had changed since he/she was three months old. These items were included in order to establish some general description of the infant as a social partner or stimulus for the mother. They were also included to provide a specific frame of reference for questions to the mother concerning how comfortable she was with being a parent and caring for her baby.

There may be some differences within groups between first-time and experienced mothers or between very young mothers and those over age 20, distinctions that will be investigated in later analyses. Responses to the items are presented here in their most broad form, however, to outline possible limitations on their use. As shown in Table 3.21 through 3.24, the differences are very few and small. What is

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*Attitudinal scales of parent expectations for children and items concerning parent interaction with older children were not included in the first analysis of data because they either required more complex analytic techniques (such as factor analysis) or concerned children other than the target infant.

Table 3.20

Impact Study Sample: Babies' Visits to Doctor/Nurse[a]

(number of visits)

Site	Mean	Standard Deviation	Valid N
Jackson CFRP	4.39	3.51	36
Comparison	4.77	3.93	30
Las Vegas CFRP	6.97	8.04	39
Comparison	4.09	3.86	44
New Haven CFRP	6.22	4.11	37
Comparison	8.56	8.09	27
Oklahoma CFRP	5.43	6.00	40
City Comparison	4.57	4.43	61
St. Petersburg			
CFRP	4.24	3.05	42
Comparison	3.56	2.86	54
Salem CFRP	6.80	5.73	41
Comparison	5.30	4.14	53

[a] Site differences in the mean reported number of doctor's visits are significant, p=.002.

Table 3.21

Impact Study Sample: Infant Temperament: Eating and Sleeping Patterns

(Percentage of mothers reporting)

Site	when hungry:				sleep pattern			
	not predictable	sometimes	predictable	number missing	none	sometimes	regular	number missing
Jackson CFRP	23	10	67	0	13	31	56	0
Comparison	13	23	63	1	17	33	50	1
Las Vegas CFRP	29	27	44	0	20	44	37	0
Comparison	25	34	41	0	11	34	55	0
New Haven CFRP	22	14	65	0	14	19	68	0
Comparison	28	17	55	1	28	21	52	1
Oklahoma City CFRP	35	20	45	0	20	28	53	0
Comparison	36	22	42	2	27	37	36	2
St. Petersburg CFRP	38	19	43	0	29	26	45	0
Comparison	31	25	43	3	27	31	41	3
Salem CFRP	22	27	51	0	5	34	61	0
Comparison	19	13	68	0	9	30	60	0

Table 3.22

Impact Study Sample: Infant Temperament

(entries are percentages of valid responses to the two most positive of a 5-point response scale)

Site		Items[a]			
		1	2	3	4
Jackson	CFRP	67	72	69	65
	Comparison	62	80	83	80
Las Vegas	CFRP	80	61	71	80
	Comparison	70	73	82	78
New Haven	CFRP	65	81	76	50
	Comparison	59	76	62	56
Oklahoma City	CFRP	58	80	68	64
	Comparison	75	68	79	61
St. Petersburg	CFRP	83	64	81	79
	Comparison	75	65	77	65
Salem	CFRP	71	88	90	70
	Comparison	68	70	77	71

[a] List of items:

1. Baby's reaction to strangers (very positive to very negative)
2. Baby's eating style (very fussy to very happy)
3. Baby's disposition (very difficult child to very easy child)
4. [If baby is more than three months old] Baby's disposition at three months

Table 3.23

Impact Study Sample: Mother's Comfort

(entries are percentages of valid responses to the two most positive of a 5-point response scale)

		Items[a]				
Site		1	2	3	4	5
Jackson	CFRP	85	80	77	77	90
	Comparison	90	93	87	63	87
Las Vegas	CFRP	88	83	73	83	90
	Comparison	89	73	82	96	84
New Haven	CFRP	84	89	84	76	76
	Comparison	79	72	83	79	83
Oklahoma City	CRFP	88	70	73	78	78
	Comparison	73	90	71	81	86
St. Petersburg	CFRP	98	86	71	95	93
	Comparison	84	80	77	80	88
Salem	CFRP	86	93	85	90	100
	Comparison	76	76	87	83	89

[a] Items (all responses range from very comfortable to very uncomfortable)

1. How comfortable being a parent
2. ... with the baby's eating schedule
3. ... with the baby's sleeping pattern
4. ... with the baby's reaction to strangers
5. ... with the baby's disposition

Table 3.24

Impact Study Sample: Mothers Feeling Overloaded
(Percentage of mothers)

Site	Ever:		How much since birth:			
	Yes	Number Missing	More Often	As Often	Less Often	Number Missing[a]
Jackson CFRP	63	1	63	38	0	15
Comparison	67	1	50	25	25	11
Las Vegas CFRP	45	1	44	28	28	23
Comparison	39	0	53	24	24	27
New Haven CFRP	65	0	67	25	8	13
Comparison	66	1	37	26	37	11
Oklahoma CFRP	60	0	38	33	18	16
City Comparison	58	2	55	27	18	28
St. Petersburg CFRP	52	0	50	18	32	20
Comparison	47	3	58	21	21	30
Salem CFRP	75	0	57	37	7	11
Comparison	70	0	59	27	14	16

[a] This category includes a "not applicable" set of mothers--those who claim never to be overloaded.

more important about these items is the apparent social desireability of reporting that the baby is not difficult and that the mother is comfortable in caring for the baby.

For example, slightly less than half the mothers in all sites sites report that their infants' feeding and sleeping schedule are regular (Table 3.21) yet most also reported being comfortable or very comfortable with these schedules (Table 3.23): 80% of mothers answered "very comfortable" and "comfortable", the two most positive responses of five possible ratings. All percentages for all items are very high; in addition, when asked whether their infant was difficult or easy to care for they tended to rate the infant as either easy or very easy. However, when asked whether the baby's general disposition (regularity of schedule and fussiness) had changed since he/she was three months old, fewer said the baby was an easy child. There are many possible explanations for this change: real change in baby's behavior, the parent's increasing comfort with the baby's demands, or relatively greater ease in describing the baby as difficult in the past but not difficult now. As further analyses of these items are done it may be interesting to investigate the parents who responded more negatively to these items to see if they shared any other consistent set of characteristics.

More investigation of these and related items will be done before development of scales or constructs is begun; several observations can be made about these items. In particular analyses done by Chess and Thomas (1963, 1967) and by Carey (1972) will be examined for comparison of the proportions of mothers rating their infants as easy or difficult.* There are also many reasons why a mother would rate a difficult baby as easy: she may believe that she should not label it as difficult; she may not be able to accept the fact that hers is a difficult baby; or she may have no other children or child-rearing experience by which to judge her current ease or difficulty in caring for this infant. Furthermore, it is not commonly socially acceptable to indicate discomfort with one's child, especially a new baby.

On a related question, mothers were asked whether they felt overloaded with their child caring responsibilities and whether this feeling had increased since the baby was born. Well over half of these others do feel overloaded and they feel more so since the baby arrived; nevertheless, most describe feeling comfortable with being a parent. Logically these items are related but not mutually exclusive: it is certainly possible to feel overloaded and still be comfortable, basically, with being a parent. It will be necessary to refine questions about specific aspects of child care or child rearing for children at particular ages before it is possible to define the dimensions of comfort with the role of being a parent. Meanwhile, these clusters of items must be treated carefully for two reasons. First, there was very little variation in response among mothers regardless of group, or site; second, the items may have elicited more of a socially desireable response rather than the real feelings the questions were attempting to probe. Further analysis of the item response patterns, particularly in conjunction with sub-categories of mothers (teenage parents, parents with first borns) not yet identified, will be performed.

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*Parent interview items discussed in this section were based on those used by Chess and Thomas and by Carey.

3.3.4 Contacts with Family and Social Networks

Several variables within this general outcome area depend upon constructs developed from multiple items. Three single items, however, are important in this area and are reported here: proximity to friends and relatives; use of child care for older children and use of care for baby. These items not only indicate what social contacts are available to the parent, but they also provide some indication of the breadth of social experience of children in the family.

Roughly two-thirds of the sample families have relatives nearby, that is, "within 5 to 10 minutes, or within walking distance." Somewhat more say they have friends nearby (Table 3.25).

Although there is little variation between sites in the reported use of child care for older children, there are two within-site differences between CFRP and comparison groups. In Oklahoma, comparison families make proportionally greater use of such child care, while in Salem, CFRP families use care for older children proportionately more than do comparison families (Table 3.26). In the absence of any other differences between groups in Oklahoma City and Salem, and considering the conflicting direction of these two findings, little practical importance can be attached to them.

On the other hand, nearly everyone has someone else to look after the baby, at least occasionally. There appear to be some site differences in the number of hours and the regularity with which this happens. The average number of hours weekly that someone other than the mother watches the baby ranges from about 11-23 hours (Table 3.27).

Table 3.25

Impact Study Sample: Friends and Relatives Nearby

(Percentage of families)

Site		Relatives	Friends
Jackson	CFRP	67	90
	Comparison	81	71
Las Vegas	CFRP	78	90
	Comparison	80	86
New Haven	CFRP	70	84
	Comparison	57	63
Oklahoma City	CFRP	73	88
	Comparison	77	77
St. Petersburg	CFRP	64	83
	Comparison	62	83
Salem	CFRP	66	85
	Comparison	62	75

[a] "Nearby" was defined as within "walking distance," or "5 to 10 minutes."

Table 3.26

Impact Study Sample: Use of Childcare

(Percentage of families)

Site	Any for Older Children		Anyone Else to Watch Baby[b]	
	%Yes	Number Missing[a]	%Yes	Number Missing
Jackson CFRP	73	24	95	1
Comparison	62	10	93	1
Las Vegas CFRP	100	40	90	0
Comparison	50	42	89	0
New Haven CFRP	36	15	78	0
Comparison	45	10	86	2
Oklahoma CFRP	46[c]	16	90	0
City Comparison	74[c]	19	91	3
St. Petersburg				
CFRP	64	20	76	0
Comparison	45	23	78	3
Salem CFRP	50[d]	15	80	0
Comparison	33[d]	26	87	0

[a] Not all families have older children.

[b] This item was broadly intended to determine whether there was ever anyone else who cares for the baby.

[c] The CFRP-comparison group contrast of use of child care for older children in Oklahoma City is significant, p=.056.

[d] The CFRP-comparison group contrast of use of child care for older children in Salem is significant, p=.058.

Table 3.27

Impact Study Sample: Average Hours per Week that Someone Else Watches Baby[a]

Site		Mean	Standard Deviation	Valid N[b]
Jackson	CFRP	17.64	21.60	33
	Comparison	12.48	14.99	23
Las Vegas	CFRP	24.40	28.89	35
	Comparison	18.05	14.45	37
New Haven	CFRP	6.71	6.90	28
	Comparison	15.88	21.78	25
Oklahoma City	CFRP	17.31	15.87	35
	Comparison	27.32	30.62	55
St. Petersburg	CFRP	16.55	16.11	31
	Comparison	12.63	18.17	41
Salem	CFRP	14.73	25.65	33
	Comparison	11.71	15.81	45

[a] Site differences in the mean reported hours per week are significant, p=.002.

[b] Valid N excludes missing data.

3.3.5 Analytic Methods for Impact Study Baseline Data

For purposes of this sample description, two sets of hypothesis tests were examined in addition to the frequencies reported in Tables 3.6 to 3.27. First, a number of one-way analyses of variance, by site, were examined. These were subdivided into groups containing sets of variables that are conceptually related:

- SES and demographic, including mothers' and babys' ages, household size, proportion of mothers married, proportion of mothers never married, mothers' educational attainment, proportion of families reporting earned income as their primary source of income, proportion of families reporting public assistance as their primary source of income, and reported gross household income (Tables 3.5 to 3.15);
- residential stability measures, including the number of years residing in current house, number of years residing in the current neighborhood, and the reported number of times moved in the past five years (Table 3.16);
- two child health items: birth weight and number of visits to the doctor or nurse (Tables 3.19 and 3.20);
- measures of parent comfort (as parents and with reported characteristics of their child) and assessments of childrens' characteristics (such as the baby's eating style and disposition; Tables 3.21 to 3.24); and
- use of child care measures, whether or not child care for older children is used, and the reported hours per week that someone else watches the baby (Tables 3.26 and 3.27);

Secondly, CFRP and comparison families, within each site were tested for mean differences (without specifying directions) in each of these areas. Four measures were added to the demographic and SES group for these tests: proportion of families reporting at least one member covered by some form of health insurance; proportion of families reporting any earned income; proportion of families reporting any welfare income; proportion black families Tables 3.11, 3.8, and 3.5). Two maternal health items were added to the child health set: proportion of mothers reporting pregnancy complications and proportion of mothers reporting a continuous health problem. (Tables 3.17 and 3.18).

All statistical tests used multiple or simultaneous error controls within each of the five substantive areas (Bonferroni approach was used; see Morrison, Ch. 1). "Significant" results are noted on each table and discussed in the text. Alpha (or error) levels were chosen, arbitrarily, at .01 for the ANOVAs and .10 for the CFRP comparison group contrasts. The ANOVAs are fairly powerful because there are many cases available for analysis and site-to-site differences are expected, so the more conservative test seems appropriate. No differences between CFRP and comparison families within sites are expected as families were assigned randomly, so it is more important to catch any seeming differences due to chance or early differential attrition. Therefore, the somewhat less conservative error rates seem appropriate for these tests.

4.0 IMPACT AND IN-DEPTH STUDY DATA COLLECTION

4.1 Purposes and Instruments

The data collection effort consisted of essentially three parts: (1) collection of baseline data through interviews with families enrolled in CFRP and those in the comparison group; (2) second interviews with CFRP families about their experiences with the program, and (3) interviews with these staff who worked most closely with CFRP families which focused on assessment, goal setting and services the families received. In addition baseline data for the Impact and In-Depth Studies were gathered through questionnaires and records completed by CFRP staff. The instruments, the variable domains they addressed and the major topics they included are shown in Figure 4.1. Repeated measures will be collected on selected items from parent interviews to provide outcome data for the Impact Study. The Family Review Interview and the Family Participation Record and Goal Attainment Form are designed to collect data at the family level in order to identify patterns of change in specific families as well as to define the significant aspects of individualization which are at the heart of CFRP treatment.

For the In-Depth Study, data were and will continue to be collected primarily through program records kept by CFRP staff. For the Impact Study, however, staff were hired on-site to interview CFRP parents and staff. Each site team consisted of three interviewers supervised by a research coordinator who accompanied interviewers on at least one interview per week, reviewed completed interviews for data quality, and did interview verification checks. Research coordinators were also responsible for interviewing CFRP staff about family assessment and goals (the Family Review Interview). The interviewers, were responsible for making

Figure 4-1

Instruments, Variable Domains and Respondents

Variable Domains and Topics	Instrument	Respondents
Background characteristics Family:	Parent Interview I Household demographics Maternal and child health Parent-child interaction Parent child rearing attitudes Contacts with family and social networks Use of community resources	All CFRP and comparison group families in the sample Selected items asked in subsequent parent interview, probably once a year
Staff:	Staff Background Questionnaire Staff demographics Functional roles in CFRP In-service training & education Staff supervision and support Child-rearing attitudes	All staff who work directly with CFRP sample families and/or are responsible for major program components. All new staff in these positions will complete the Staff Questionnaire One time administration
CFRP treatment Processes Staff functions Staff-family relationship	Parent Interview II Initial contacts with CFRP Goals and expectations for CFRP Experience with CFRP to date Services and support from sources other than CFRP	CFRP families only Selected items asked in subsequent parent interviews, probably once a year
	Family Review Interview Early contact with family Staff assessment and goal setting with families Staff perceptions of family strengths and needs Staff expectations for families in CFRP	CFRP staff who work most closely with each sample CFRP family Selected items to be asked in brief Family Review Interviews in subsequent years, once a year
Services and Activities in CFRP	Family Participation Record and Goal Attainment Form Participation in home visits and center meetings Services provided Goals set and attained	Compiled from program records on each family; completed by CFRP staff member who works most closely with family Compiled and reported quarterly

contact with CFRP and comparison families and for conducting the two parent interviews. Teams met weekly to discuss progress with data collection tasks and address problems as they were encountered on site.

Although families were recruited during late spring and summer of 1978, programs experienced delays in starting to work with families. Program staff, under pressure to recruit a large pool of families for random assignment, often did not have much time to explain either CFRP or the evaluation study to families, although they did obtain signed participation forms. By late September when site staff were ready to begin scheduling interviews with families, many CFRP families had had little or no contact with program staff despite the fact that many weeks had passed between recruitment and notification of family assignment to CFRP or the comparison group. As a result, families knew very little about the program or the evaluation when data collection began.

In addition, families were often difficult to locate and schedule for interviews; being low-income and primarily urban, they tended to move frequently or lived in areas with few well-marked streets or addresses.

The initial interview for both groups of families was designed to collect baseline data on a broad set of topics concerning family life. Because many of these topics were potentially sensitive, or concerned attitudes or experiences that parents may not have been accustomed to discussing, (e.g. household membership, roles of other family members in child care, expectations for children and feelings about being a parent), there was concern that parents would refuse to complete the interview or would decline to participate further in the evaluation.

Given these circumstances, the site team needed to be good at establishing rapport with families and explaining the study, skilled at interviewing, and persistent and resourceful in scheduling interviews. It was important that they make participation in the study enjoyable for parents, or at least sufficiently rewarding to compell them to remain in the sample. It was also critical that the site team gain the trust of CFRP staff in order to understand and capture the nuances of the program's work with families, and that staff understand the study well enough to provide useful feedback for improvement of interviews and data collection procedures.

The remainder of this chapter describes in greater detail sample recruitment, staff recruitment and training, data collection procedures and the difficulties encountered during the first phase of the study.

4.2 Sample Recruitment

In late spring and early summer of 1978, program staff in the six summative sites began recruiting families who would form a sample pool for the evaluation. Recruitment guidelines were developed by Abt Associates staff in conjunction with ACYF technical and program staff.* These guidelines recommended the number and characteristics of families to be recruited. Programs followed these recruiting guidelines, but used their own established recruiting practices to locate families for the sample pool.

Programs were asked to recruit as many families with infants under age one as possible with a pool of 120 recommended for four programs, less than 100 for New Haven and Jackson. Sites obtained statements of agreement to participate from the following numbers of families:

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*See Memorandum to CFRP summative sites from Dr. Ann O'Keefe, CFRP National Director, dated May 17, 1978 (Appendix C).

Oklahoma	114 families
New Haven	77 families
St. Petersburg	124 families
Las Vegas	113 families
Salem	120 families
Jackson	89 families

Families were to be recruited proportionately by the geographic areas where CFRP services are provided. Selection of CFRP and comparison families was stratified by geographic area within each site.

To be considered for the sample pool families must:

- be eligible in terms of Head Start/CFRP income guidelines
- have a focal child who would be younger than one on October 1, 1978*
- not have been enrolled in CFRP previously.

In addition, preference was given to families with no previous Head Start experience.

In order to facilitate program start-up Abt Associates staff requested that family names be submitted in as obtained and the sample was selected in two waves, one at the end of July and one at the end of August. Programs could then quickly notify the families selected for the program, reducing the possibility of attrition between recruitment and enrollment. Programs were allowed to designate families whom they believed should be guaranteed entry into CFRP because of special family circumstances

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**This date was later made site-specific up through December, according to local school policies about the age at which children could enter public school. This exception was made to insure that all children in the sample would enter school in the same year.

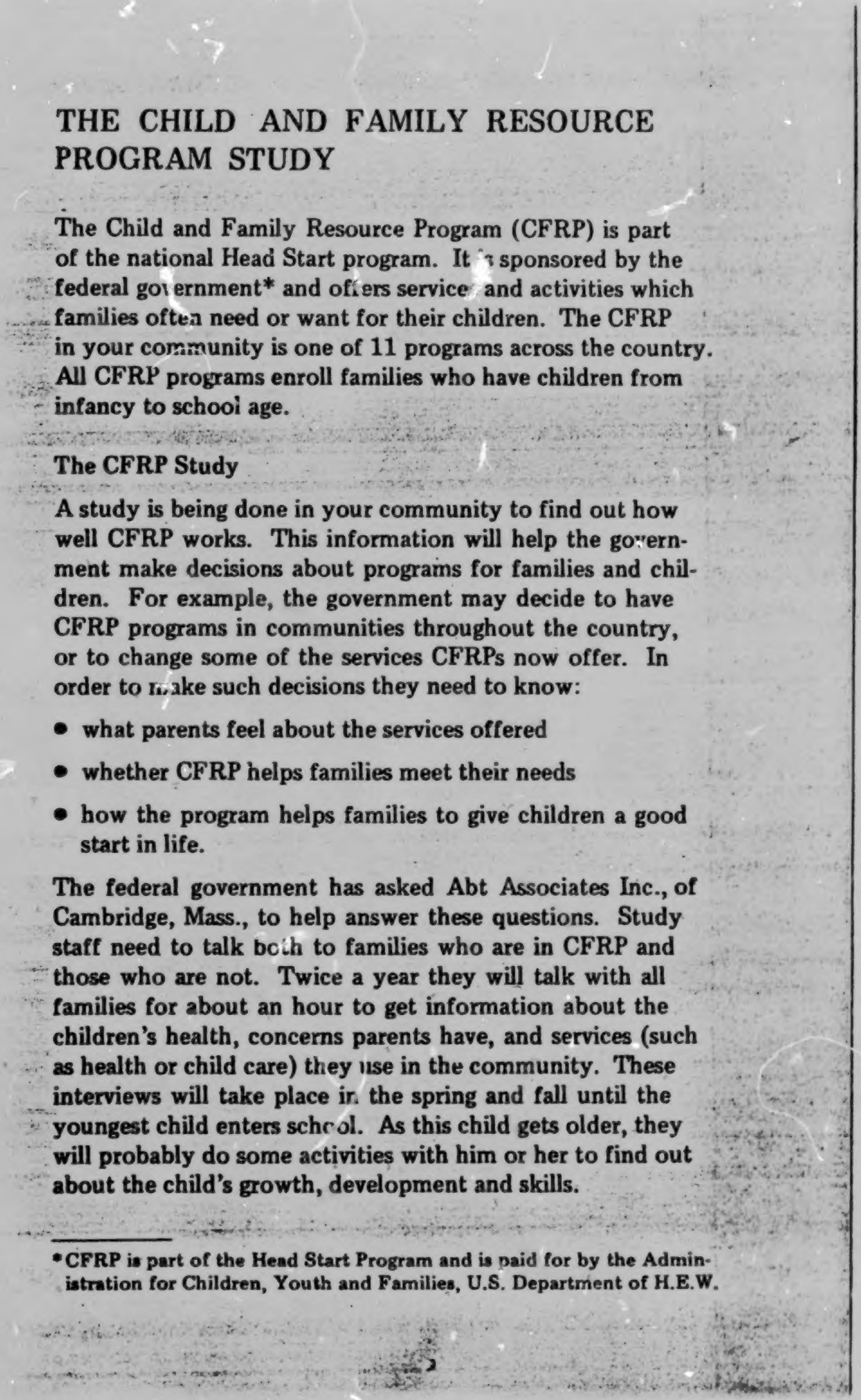
General procedures, information about the program and the study and brochures were provided to CFRP recruiting staff by Abt Associates. (See Figure 4.2 for a sample brochure.)

Potential participants were told that families would be selected by a lottery procedure and were free to withdraw from the study at any time, and that children in the comparison groups would be given preference for entry into Head Start in 1981-82 as long as the program had room for them at that time. They were also told that families who withdrew from the comparison group were not likely to be enrolled in CFRP in subsequent years as other families would be given priority during the time the evaluation was being conducted. Finally families were told that those assigned to the comparison group would be paid $10 for each interview with site staff and $10 for keeping AAI informed of their correct address twice a year. Thus comparison families would receive $40 a year for participation in the study.

Recruitment procedures varied only slightly by site; in most sites staff who regularly visited families took primary responsibility for recruitment with help from local health agency personnel, CFRP social services staff, and some CFRP or Head Start parents. In many sites, recruitment for CFRP was conducted simultaneously with recruitment for Head Start. Numbers of families contacted and their approximate refusal/rejection rate, and a rough approximation of the sources which provided them to CFRP are shown in Table 4.1. Half the sites encountered 30 or more families who refused to participate when initially contacted because of the random assignment procedures. That Head Start and CFRP families were an important source of referrals for new families in three sites suggests that programs in those sites have a loyal following among community residents.

Figure 4.2

Recruiting Brochures



THE CHILD AND FAMILY RESOURCE PROGRAM STUDY

The Child and Family Resource Program (CFRP) is part of the national Head Start program. It is sponsored by the federal government* and offers services and activities which families often need or want for their children. The CFRP in your community is one of 11 programs across the country. All CFRP programs enroll families who have children from infancy to school age.

The CFRP Study

A study is being done in your community to find out how well CFRP works. This information will help the government make decisions about programs for families and children. For example, the government may decide to have CFRP programs in communities throughout the country, or to change some of the services CFRPs now offer. In order to make such decisions they need to know:

- what parents feel about the services offered
- whether CFRP helps families meet their needs
- how the program helps families to give children a good start in life.

The federal government has asked Abt Associates Inc., of Cambridge, Mass., to help answer these questions. Study staff need to talk both to families who are in CFRP and those who are not. Twice a year they will talk with all families for about an hour to get information about the children's health, concerns parents have, and services (such as health or child care) they use in the community. These interviews will take place in the spring and fall until the youngest child enters school. As this child gets older, they will probably do some activities with him or her to find out about the child's growth, development and skills.

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*CFRP is part of the Head Start Program and is paid for by the Administration for Children, Youth and Families, U.S. Department of H.E.W.

How will families be chosen for CFRP?

CFRP is looking for about 100 families in this community with a child who will be under age one by October who are interested in being in the CFRP program and the study. Approximately 40 of these families will actually be enrolled in the CFRP program. The other families will not be in CFRP, but all 100 families will be asked to participate in the study. Only by talking with *both* groups of families can they find out how well the program works and how it helps families and their children. *All families have an equal chance of being chosen for the program.* However, there is only space available in CFRP for 40 families. These 40 families will be chosen by lottery.

What will happen with families not selected for CFRP?

Families who are not selected for CFRP will be asked to participate in the study and will receive payment for the time they spend talking with staff about the study. Without these families, it is impossible for them to help the government make decisions about programs for families and children. So while it may not help all families immediately, we think the study will help other families with young children in the future. Also, families often participate in studies like this one because they enjoy talking about their children and their ideas about raising children. The families who are not chosen for CFRP but who do participate in the study will be paid a total of $40 each year for talking to study staff twice a year. Their children will also receive priority for later enrollment in Head Start if the family wants the child to be in Head Start at that time.

Families are under no obligation to participate in the study. If you are not selected for CFRP, you are free to decide at any time to withdraw from the study and to apply for Head Start when your child is old enough. If you do drop out of the study and later apply to Head Start, you will have the same chance to get into Head Start as other families who want to enroll.

How can you help?

If you are interested in enrolling in CFRP, we'd like to ask you to participate in this study — whether or not you are selected for CFRP.

By law, study staff is required to get your signature to indicate that you know about study procedures. If you are willing to help with this important study, please fill out and sign the attached consent form and return it to the CFRP program. Of course, your help is completely voluntary. If you decide not to be one of the 100 families in the study, your decision will *in no way* affect your eligibility for any other government subsidy or program.

If you agree to be in the study and to answer questions about your family, only your *answers* to these questions will be used for this study. Your name will not appear on any of the forms. *No information that identifies you or your family will be shared with anyone.*

When will you know if you are chosen for CFRP?

CFRP staff will let you know by September 1 if you will be one of the 40 CFRP families or one of the other families in the study.

If you have any questions about the study . . .

Please talk to us at CFRP. The name of the person to call (and the telephone number) is listed below.

We hope that you will want to help with this important study of CFRP, a program that serves children and families.

Major sources of recruitment for families and special circumstances encountered by staff during the recruitment effort were informally described by program staff. The programs received expansion money for additional Head Start centers which created more slots in the city for preschool-age children; in these sites parents often chose to have children in a preschool rather than an infant program. Another program had not needed to recruit new families for several years; over half the families in this program had originally had older children in Head Start. Word-of-mouth among these families was sufficient to fill the few openings that occurred in the program. One site recruited only families with first-born infants because of their interpretation of national CFRP recruitment guidelines.

Programs were asked to submit all names to Abt Associates by August 1 so that Abt could select the sample and assign families randomly to either the comparison group or CFRP. Most programs elected to notify CFRP families of their selection. A follow-up letter was sent by Abt Associates. Abt notified comparison group families by mail and, later, in person using the on-site staff. Families were selected at random from the comparison group to replace CFRP families who could not be located or no longer wished to participate in the program.

A few families selected for CFRP in each site did not actually enter the program. The number of families who did not actually enter CFRP after selection were: Connecticut, 1; Florida, 13; Oklahoma, 8; Oregon, 9; Michigan, 6; and Nevada 8. Over half the families who did not enter CFRP in each site had moved out of the city or state or could not be located at all. In most sites, three or four families decided they were no longer interested in participating in CFRP. Among all families selected for CFRP 2 did not participate because an infant died or was hospitalized in

Table 4.1

Sample Recruitment

	Oklahoma Sample = 113	St. Petersburg Sample = 124	Las Vegas Sample = 114	Jackson Sample = 89	Salem Sample = 120	New Haven Sample = 77
Who did recruiting	Family Advocate and Health Coordinator	Home Visitor and Maternity Clinic Worker	Home Visitor	Recruiters, staff, and some parents	Social Service Coordinator, Family Advocates, nurse, some parents	Home Visitors, Family Advocates, and parents
# families interviewed	150-175	179	622	125	163	120
# refused because of random assignment	10-15	57	84	36	3	30
# who did not meet selection criteria	very few	10	-	-	few	few
Approx. % of sample obtained from sources:						
Agency referral	10%	0	46%	55%		
Agency lists					50%	
Hospitals, clinics health departments	0	40%	13%	0	20%	30%
door-to-door recruitment	15%	0	20%	40%	30%	30%
Referrals from HDS-CFRP families	75%	60%	13%	0	0	30%
Other	0	0	8%	5%	0	10%

another state. Program staff said that these figures are generally typical for enrollment of families. In at least one site, staff said that enrollment guidelines for the evluation did not allow them to spend as much time as usual with families prior to enrollment to insure that the families fully understood what program participation would involve.

Staff in all sites said that it is not unusual for families to move away and, in a few cases, decide they are no longer interested in CFRP between the time they are recruited and the program begins. The replacement procedure was followed only in the first month or so of program operation to insure a full 40 in the CFRP sample group. Because the study design called for the selection of a large comparison group, the replacement of a few sample families with families from the comparison group had relatively little impact on the compostion of the groups. By the end of the data collection period, several families from each comparison group also had moved or could not be located.

In comparing families recruited for this sample with families recruited for CFRP when it first began, staff commonly said that they were finding much younger mothers with less education, before, more single-parents, more families with multiple problems, and more families with previous contact with agencies such as child welfare and juvenile services than in the past.

4.3 Staff Recruitment and Training

4.3.1 Recruitment

Staff recruitment for on-site data collection took place during the month of August, 1978. Three to four days were spent in each of the six sites by Abt Associates staff interviewing candidates for four site staff positions: one research coordinator and three interviewers.

The goal was to recruit staff with the following mix of abilities and skills: 1) some research and/or interviewing skills; 2) an educational background and/or experience in early childhood education; 3) a thorough knowledge of the site area - particularly its low and middle-income communities; 4) an understanding of, and sensitivity to, low-income families; 5) good verbal and written communication skills; and 6) for research coordinators, some managerial and supervisory experience. In addition to these criteria, staff were selected also on the basis of their access to transportation and ability to work flexible hours.

With the exception of one site (Las Vegas), each team generally reflected the racial or ethnic mix of sample families on site. Twelve staff persons are Black, 11 are White, and 1 Hispanic. All 24 are female. Two interviewers hired in New Haven are bilingual in Spanish and English. Many of the staff came from the same neighborhoods as families who are participating in the study, others had spent considerable time working in these neighborhoods.

Staff brought to the study a wide and impressive variety of skills and experiences. Several members were in the process of completing advanced degrees in such fields as adult education, social work, clinical psychology and education. One had worked as a public health nurse; another, a former elementary school teacher, had also been a District Sales Manager for Avon products. Many of the staff had a a particular interest in low-income families demonstrated by earlier work with community social service agencies or with volunteer projects such as VISTA.

4.3.2 Training

Staff from the six sites came to Cambridge, Massachusetts, in September, 1978 for training. Interviewers received six days of training, research coordinators an additional two days of training specific to their responsibilities.

Training had several goals: 1) to prepare site staff to work effectively as a team to collect accurate data with sensitivity; 2) to familiarize staff with the content of the interviews; 3) to sharpen staff interviewing skills particularly with respect to sensitive topics; and 4) to familiarize staff with the data quality control system they would be using during the field effort.

The first day of training focused on the study, and the research role and responsibilities during data collection. Considerable attention was given to the Field Procedures Manual data collection instructions. The second day was devoted to the Family Review Interview, including a review of its objectives and contents. This was followed by role-plays* using various segments of the interviews. The last six days of training were joint sessions for both research coordinators and interviewers. The training schedule is shown in Figure 4.3.

Small and large task groups were used alternately throughout training. Staff were grouped by site to allow teams to get to know each other, learn each other's strengths and weaknesses, and be supportive to each other.

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*Role-plays are exercises which simulate a real-life situation--in this case the administration of an interview.

Although staff had some knowledge of the study prior to training, the first training task for data collectors was to familiarize them with the CFR Program and the evaluation. Trainees showed great interest in the project and were enthusiastic about their role in the evaluation.

The second major task of training was to review basic techniques of interviewing and administering a questionnaire. The bulk of the training was spent familiarizing staff with the first parent interview. As this was the first contact staff would have with the families participating in the study; conducting the interviews smoothly and in a positive manner was vital to both the success of the field effort and continued participation of the families in the study. Considerable time was spent working with staff on how to introduce themselves, describe the study, and answer commonly asked questions. The trainees were somewhat concerned about parent's inability to understand or unwilling to answer questions, therefore a lot of time was devoted to practicing the first parent interview and role-playing difficult situations.

One session was spent discussing interviewer/family relationships with Dr. Jessica Daniel, a psychologist specializing in treatment of families. The discussion covered establishing and maintaining positive rapport with families, asking difficult or sensitive questions, handling uncomfortable situations that may occur, maintaining professionalism and respecting confidentiality, and being sensitive towards low-income families and/or families of a different racial or ethnic group.

Figure 4.3

TRAINING SCHEDULE

DAY 1	Research Coordinators Only Introduction to CFRP Evaluation Site administrative procedures Role of the Research Coordinator
DAY 2	Research Coordinators Only Introduction of Family Review Interview Practice and Role-Play of interview segments Review of monitoring procedures
DAY 3	All Site Staff (3 hour session) Orientation to training Brief overview of the CFRP Program and Evaluation
DAY 4	All Site Staff Roles of the site team Skills assessment Questionnaire administration Introduction of Parent Interview I
DAY 5	All Site Staff Interviewer/family relationships Practice of Parent Interview I Logistics - Recordkeeping
DAY 6	All Site Staff Practice interviews with parents in Boston programs Review of the Day - identification of problem areas
DAY 7	All Site Staff Introduction of Parent Interview II Practice and review of interview
DAY 8	All Site Staff - 1/2 day Review of logistics Site team rapport/expectations Evaluation of training

Part of the morning with Dr. Daniel was devoted to a discussion of the ethical issues involved in family research, especially in a design which uses treatment and comparison groups. Many of the trainees were uncomfortable about the possibility of discovering problem situations within families or with their living conditions or children and not being able to counsel or lend immediate assistance. Cambridge staff, along with Dr. Daniel, had identified a set of guidelines for assessing, discussing and possible reporting of situations potentially harmful to family members. These guidelines were used as a basis for discussion of interviewer feelings and experiences with such situations as well as procedures for handling them if they occurred in this study. The group discusses state laws about reporting of possible abuse and the variation in laws and evidence requirements from state to state. The group agreed that making judgments about potentially harmful situations such as child abuse, or illness, were difficult after one visit. site-specific procedures for referring a family to an agency or program were developed. Interviewers were to contact their Research Coordinators and Cambridge staff before taking any action. In most sites, CFRP staff agreed to act as a resource in dealing with a family in emergency situations; but in at least one site, the CFRP staff preferred that the Abt site staff contact the local child welfare agency. All staff knew that such situations would be rare if they occured at all but they felt reassured having discussed and agreed upon procedures for handling them.[1]

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[1] In fact, procedures for notifying a program or agency were used only once during the three months of data collection, although each site had at least one instance in which an interviewer discussed a situation with the research coordinator before making a ecision not to intervene.

Similar procedures were followed in each site for families needing assistance. At the end of the interview, comparison families were given a packet containing payment for the interview, change of address cards for the study, and a resource card listing the name and number of a multi-service community resource recommended by the CFRP staff to be contacted in case of an emergency. CFRP families were encouraged to seek assistance from the CFRP staff member assigned to work with the family.

The next major training task involved practice interviews arranged with families from Cambride and Boston day care and infant programs. Trainees worked in pairs; each administered the Parent Interview I and monitored their partners interview. This was followed by a session which focused on areas where the trainees felt they needed more work such as in recording verbatim responses, understanding the content of the questions, and probing.

The remaining time was spent on the second Parent Interview, and reviewing logistics and procedures to be used on-site.

Training proved to be a valuable experience for both Abt trainers and site trainees. As hoped, interest in the study and the interviewing work was high, and subsequent staff turnover was low. During the course of data collection activities, four staff were lost in four of the six sites - Las Vegas, New Haven, Oklahoma City, and St. Petersburg. In Oklahoma City and Las Vegas, one inteviewer was terminated for inadequate job performance. In New Haven, an interviewer quit to take another job. In St. Petersburg, an interviewer was in a car accident during the last week of interviews, and was unable to finish her assigned interviews. In this case no replacement was hired because the other two interviewers could easily pick up her remaining interviews. In Las Vegas and New Haven, vacant positions were filled successfully with a minimum of disruption to site activities. In Oklahoma City, data collection activites were two-thirds complete when the interviewer was terminated. The remaining two interviewers completed her assignments.

4.4 Data Collection Procedures

4.4.1 Contacting Families

Each interviewer was assigned approximately 40 families (30 families in Michigan) and had the main responsibility for contacting them to schedule appointments and for conducting interviews with these families.

Families were contacted by telephone, mail, personal visit, or a combination of these. Interviewers were instructed to make at least six telephone calls and three personal visits to a family home in an attempt to schedule an appointment. Where possible, families were first contacted by phone. To those families who did not have telephones, interviewers mailed a card identifying themselves and the study and suggesting a date for the interview. According to the interviewers, this was the least effective approach; families rarely kept an appointment made by mail. An unannounced visit to a family's home was a more sucessful approach and comparatively few parents refused to be interviewed when contacted in person. In fact, some parents agreed to be interviewed right at that time. As the data collection proceeded and interviewers became aware of the reluctance on the part of some parents to respond or keep appointments made by mail, interviewers relied more on personal contact with families.

Locating families was a complex effort; initial attempts to locate families were based on lists of names and addresses supplied by CFRP recruiting staff. These lists were frequently incomplete or inaccurate; some of the addresses listed turned out to be a vacant lot, a parking lot or non-existent. Once located, a family might move before the scheduled appointment, often leaving no forwarding address, and the locating process would start again. In five of the sites, approximately one-third of the sample had to be tracked; in Salem the number was somewhat less.

Difficulty locating families varied from site to site. In rural Oklahoma, for example, familes often had P.O. Box numbers listed as their addresses and did not know their street address. When contacted by phone, families described landmarks and roads to enable the interviewer to locate their home.

In New Haven, 30 percent of the familes had moved between the time of recruitment in August and when the interviewers attempted to contact them in October. Of the few families with telephones many were unwilling to give out the number. This meant that interviewers had to visit families at their homes in order to schedule appointments.

Interviewers used many different approaches in their attempts to find and schedule interviews with families. In some sites it was found that having good knowledge of the area was an advantage, while in other sites interviewers felt that a good street map was just as important. In most sites it was found that talking with neighbors, former landlords or with people "at the last known address" was most effective. Program staff were often able to assist the interviewer find the CFRP enrolled families. In Oklahoma City, community agencies and relatives were often helpful in locating families. In rural Michigan an interviewer was able to track families by "going to the area post office and inquiring about the respondent's address--most small town post offices know everyone and where they are living and where they moved to." Interviewers at times went to elaborate means in order to contact families. In the case of one family without a telephone, a family friend, with a telephone, was located. With the family's agreement, the friend hoisted a flag from her window when there was a message for the family. Household members would periodically pass by the home to check for messages. In this manner, the mother was contacted and the interview completed.

Although the programs tried to keep updated information on all the CFRP families, it wasn't always possible. One family, for instance, moved four times within eight weeks. Some programs had not had any contact with the CFRP familes prior to the interviews and therefore were not aware that families had moved. Programs, of course, had no knowledge of comparison families. Although much time and energy was spent tracking families, many were never located or had moved away from the area.

Obtaining study participants. Although programs recruited sample families, study staff were essentially responsible for persuading families to participate in the study. The sample size at the end of data collection in December represented the families who had been located and been interviewed rather than those who had merely indicated interest. Some families changed their minds about being in CFRP as well as participating in the study. Families dropped out of CFRP and out of the comparison study sample for many of the same reasons,as is shown in Table 4.2 The major reason for families being dropped was that they had moved out of the service area or that interviewers were unable to contact them. In all instances, several attempts were made to track and locate the families. Only after considerable effort and time had been spent was the decision made to drop a family from the study.

Table 4.2

	New Haven	St. Petersburg	Jackson	Las Vegas	Oklahoma City	Salem
Refused	1	1	4	5	1	4
Lack of Interest		1	1	5	2	9
Moved	1	14	3	13	8	9
Can't locate	8	10	4	3	1	0
Other	0	1	4	2	3	4
	10	27	16	28	10	26

4.4.2 Conducting The Interviews

The Parent Interviews. Interviewers spent a good deal of time introducing and explaining both the study and the CFRP to evaluation families. In all sites except Salem, families had had little or no contact with the program up to the time of the interview. (In one site, some parents told interviewers they had never heard about CFRP.) Families often confused our interviewing staff with CFRP staff coming to register them in the program. As one interviewer stated, "It didn't seem to make much difference whether a family had received a letter from Abt or whether they had received a post card or phone call from us in advance of the visit; there was still confusion about what we were there for." Interviewers spent an average of ten to fifteen minutes explaining the study with most families. Once interviewers had explained why they were there most parents agreed to schedule an interview.

For non-CFRP families, the ten-dollar payment apparently was an incentive to cooperate with the interviews. Parents to whom the payment was mentioned prior to scheduling kept their appointments on time and were most congenial and cooperative.

During field tests the time needed to administer the interview varied between 45 minutes and two hours. In actual use, however, the range was greater. Many interruptions such as telephone calls or children requiring attention could add as much as 1 1/2 hours to the expected maximum. The number of children in the household could also affect the interview time. Many segments could be omitted if the mother had only one child.

Some mothers had difficulty understanding some of the questions, further lengthening the interview. For example, parents had difficulty with such words and phrases as "multiple birth," "complications during birth," baby's disposition," "adult male," and "contented." Interviewers therefore had to take great care in reading the questions clearly and slowly and often had to repeat the question several times. Occasionally, regional jargon was more easily understood by parents. In Oklahoma City, for example, parents refer to "kin" rather than "relative." Child care questions also posed problems. Often, first-time mothers, if living with their own mothers, did little of the actual care of their infant themselves. Despite these problems, very few parents terminated the interview prematurely. In cases where the interview was terminated, the interviewer was usually able to complete it at another time.

Most parents indicated that the interview was too long. Working mothers or those with some other full-time obligation outside of the home seemed to object the most. There were exceptions: "I have never been asked that many questions at one time before, but I didn't mind because they went by so quickly." Another comment was, "I am really surprised that you are interested in what I think about raising children."

Experiences with the second parent interview varied from site to site but most respondents were more willing to cooperate the second time around, probably because they knew the interviewer and were prepared for the interview. Parents were often relieved that the interview was shorter, and that the questions focused on their experiences with the CFR Program, and not on their personal lives. Sometimes, however, parents expressed frustration because they could provide only limited information about a program with which many had little or no contact.

Since many parents were not yet familiar with CFRP, its services or staff, some interviews deferred to the spring when families will have more contact with the program. In addition, a few parents refused the second interview or circumstances precluded their completing it. The number of interviews deferred in each site are: Oklahoma City 14; New Haven 35; St. Petersburg 4; Las Vegas 9; Jackson 6; and Salem 4.

The Family Review Interview. This interview was administered by the research coordinators to those CFRP staff having the most contact with sample families. Because the interview focused on how goals, activities and services are specifically tailored to family needs, it was important for each research coordinator to have a basic understanding of how CFRP operates, particularly its staffing patterns.

One problem the research coordinators faced was the limited amount of contact CFRP staff had had with families. In some cases staff felt that the questions asked required more detailed explanations than they were able to provide at that time. In three of the six sites, Oklahoma City, Las Vegas and New Haven, interviews were modified only those questions most applicable given the contact staff had had with families. This seemed to work very well and still provided useful information.

In four of the six sites--New Haven, St. Petersburg, Las Vegas, and Oklahoma City--some interviews were deferred to the spring because staff had limited contact with families to be discussed. Often these were the most unreliable and hard-to-contact families, requiring many visits to establish rapport and build a working relationship, before goals could be set, and assessments and service plans completed. The number of staff interviews deferred to the spring are as follows:

Site:	# Interviews Deferred
Oklahoma City	11
St. Petersburg	6
New Havenut	16
Las Vegas	12

4.5 Problems in Data Collection

No major problems with the instruments or forms were encountred in the initial data collection. However, programs' start-up activities with families took place later than had been anticipated and turnover in some programs slowed program contact with families. As a result interviews with families and staff designed to capture early work with families (Parent Interview II and the Family Review Interview) could not be administered as soon as had been planned.

While Parent Interview I was not dependent on parent contact with CFRP, Parent Interview II had to be scheduled on a family-by-family basis as staff established relationships with them. This process was time consuming and occasionally frustrating for staff and families who could respond to only parts of the interviews. In some sites where delays were experienced by many families, abbreviated versions of the instruments were used.

It seems likely that certain requirements of the evaluation created pressure for programs to work more quickly with more families than was customary. Most programs, for example, were accustomed to recruiting a group of new families in the fall but most did not typically begin working with 40 families immediately. While they may have enrolled 40 new families throughout the year, families entered the program when they and program staff were ready rather than at a specific common time.

Another difference in regular program operations and that needed for evaluation concerned the availability of certain types of baseline data, namely that of initial assessment and goal-setting activity with families. The assessment and goal-setting process (as described briefly in Chapter 2) differs from program to program in its duration, content and formality. In most programs collecting information from families and discussing what they will want from the program (prior to goal setting) is a part of the process of getting acquainted. This process may entail home visits by health staff, completion of developmental screening, taking family histories or simply talking informally; it may or may not culminate in a formal agreement or assessment meeting where goals and services desired by the family are set. The problem for the evaluation, then, was to identify the processes by which assessment was done and goals identified and to collect baseline data on the important variables in these processes before "treatment".

In addition to problems in locating and scheduling interviews with families, some delays in data collection were due to slow start-up of program activities, either with regard to the evaluation or in working with families. Site-specific situations included:

APPENDIX A: Technical Progress Reports Impact Study

I. Maternal and Child Health

CFRP Goals. CFRP emphasizes preventive and remedial health care for mothers and for children through eight years of age. Special emphasis is placed on prenatal care and care for infants in the Infant-Toddler component of the program; children enrolled in Head Start receive health and nutrition benefits typpically associated with center-based care. For all families, especially those with infants and toddlers, health education is an important CFRP activity. As CFRP is comprehensive in its objectives and provides many types of direct and indirect health services, impact on maternal and child health is an important outcome for this evaluation.

Evaluation Objectives: The long-term objectives of this evaluation regarding health are improvement in general health status for children and mothers, adequate prenatal care for mothers, increased knowledge of preventive health care and appropriate use of health services. Measurement of general health status for both children and adults is problematic (Head Start Health, Interim Report, 1978) but will be defined simply in the first years of this study in terms of use of services and selected direct measures of children. Although prenatal care and birth circumstances of the focal child (infant) in the sample cannot be viewed as an outcome because in this study, information about birth circumstances are important baseline data. Low infant birthweight and little or no prenatal care for mothers have been associated with incidence of developmental delay by several researchers, (Golden, et al, 1977; Ramey, et al, 1978; Green and Haggerty, 1966).

In addition to health status and use of services, the evaluation will also attempt to define and measure attitudes toward preventive health care among parents. Such attitudinal measures will not be attempted until data are available from the current Head Start Health Study and children in the CFRP sample reach Head start age.

Baseline Data Collection: Baseline data collection for the Impact Study this fall included variables in the following broad categories:

Maternal: prenatal care and pregnancy (with focal child);
health status; and
use of health services.

Child: birth circumstances (weight, age in weeks, problems at birth)
health status in early weeks/months
use of health services

Most of these variables have been analyzed for group differences within and between sites and are reported in the previous section on family baseline data.

Collection of birth record data from hospitals, however, is still in progress. In five of the six sites, birth record data is being collected directly from state Departments of Vital Statistics. In a sixth site, data are not available at the state level and are being collected from local hospitals where most sample children were born.

Procedures for obtaining birth record data vary only slightly from site to site. Sites differ in charges for record searches and in requirements for authorization; only two sites require parent permission to release data, but parent permissions were obtained from all sample families as part of fall data collection. Letters of explanation were sent to state departments early last fall explaining study procedures and agreeing to provide necessary information on sample families for record searches to be made. Information requested about each child birth included:

Birth Weight
Length of pregnancy
Date prenatal care began
Number of prenatal visits
Complications (pregnancy, labor birth)
Congenital anomalies

Rosters of sample names, birthdates, hospitals and permission forms were sent to the sites in late December; currently we are awaiting transfer of data from the sites.

II. Parent-Child Interaction

CFRP Goals. One primary goal of CFRP is to "enhance and build upon the strengths of the individual family as a child rearing system". There is a clear expectation that CFRP will have a positive impact upon parent-child interaction and that in turn the achievements of children from CFRP families will exceed those of children who are not provided with CFRP services.

Each family currently involved in the evaluation treatment group is eligible for services provided under the Infant-Toddler component of the program. That component is designed to assist parents in promoting the total development of infants and toddlers through age three. The Infant-Toddler component emphasizes the development of parenting skills and frequent, positive parent-child interactions.

Evaluation Objectives. Given objectives and activities for the Infant-Toddler component, special emphasis might be placed upon the assessment of parent-child interaction while families are involved in that phase of the CFRP. An assessment in these areas should include information bearing on the actual behavior of the parent with the child in addition to parent report.

Parent-child interaction over the years is expected to change for CFRP parents in three areas: (1) parent knowledge of child development and individual needs; (2) mother's and child's affective status to be more consistent and less problematic and (3) increase in the quality and quantity of positive responsive interaction with child. Outcomes in these areas, particularly parent-child interaction, cannot be studied reliably through parent report alone; however, information about maternal perceptions of infant temperment, child-rearing practices, knowledge of child development have been collected during interviews in the first year of data collection. At this time no direct assessment of parent-child interaaction has been incorporated into the evaluation design. Optional plans for such assessment based upon home observations have been prepared and may be implemented in the spring, 1979 data collection, subject to ACYF approval. A plan for observation measures is discussed below.

Baseline Data Collection. The fall, 1978 parent interviews established baseline information upon the parent's perceived interactions with the child, comfort with those interactions, satisfaction with the child's behavior, and expectations about child development. Future interviews will establish changes in those perceptions as the child develops and the family's experience with the CFR Program accumulates.

Items concerning infant temperament and parent response were based upon the items developed by Chess and Thomas (1963) Carey (1972) and Broussard (1972). These items are considered as an indication of parent comfort with the demands of caring for an infnat. They are intended as a rough indicator of the infant's behavior and temperament as perceived by parents. Child-rearing practices and expectations for child development were modified from the Maternal Attitude Scale of Cohler, Weiss, and Grunebaum (1970).

In addition a small number of items concerning parent and child interaction with older children in the family were included, taken from the Head Start Longitudinal Study parent Interview (Shipman 1977).

Analysis. The baseline parent interview data will be analyzed for group differences within site and between sites. In addition, interitem correlations will be computed and item response clusters will be identified where possible to reduce the number of items and simplify the analysis. Questions from the spring parent interview will cover similar topics. The emergence of group differences will suggest the influence of CFR Program effects.

Data Collection Plans. In addition, direct assessment of parent-child interaction should be investigated for subsequent years of the evaluation in order to provide a solid research basis for conclusions about program impact upon parents and children. Direct assessment through observation of mothers and children will be recommended, not only because mother-child interaction is an important goal of the CFR Program, but also because the collection of such data will make possible comparison of CFRP with other, similar, programs of early child development and parent education.

An existing observation system and procedures will be proposed for pilot testing in spring 1979 in two sites where a sub-sample of children are within the same age range (Salem and Oklahoma City). Observations will be proposed to be:

- conducted in the natural setting of the home
- conducted for two observation periods per child/family
- recorded on videotape for later coding, allowing both for greater coding reliability as well as flexibility of the system for later analyses;
- focused on the child's interactions with social and physical environment with particular attention to the mother's interaction with the child.

Development of the proposed plans for observations were shaped by concerns about research quality, staffing/implementation processes, and costs. On balance, videotaped home observations can provide a basis for an ecologically valid assessment using measures of program effectiveness that are related to program emphasis. Videotape recordings are proposed because they provide the opportunity to adequately assess the reliability of coding procedures and to correct or extend the coding to other domains of interest if desired. Two observation periods of 2 to 2 1/2 hours are proposed in order to assess the stability of the observed behavior and to assure the comparability of the procedure for both CFRP and control groups (CFRP families may be more at ease with visitors in the home as a result of program experience). Finally, the observations will be limited to two sites in Spring 1979 due to a desire to retain adequate control over the data collection process as well as to financial resource constraints. Observations in other sites would be added in subsequent years.

Variables of Interest. The focus of the observations would be to gather information about the normal interactions of the child with the physical and social environment, focused upon mother-infant interaction. Many research projects have dealt with assessment of infant behavior and mother-child interaction. However, few well accepted procedures of measures have emerged from this body of work. Of major relevance to CFRP is the research pertaining to the role of the mother as teacher to the infant and toddler (in addition to roles as nurturer, caregiver, and, often, provider). The research has involved observational methods (often supplemented by interviews) using home, experimental and waiting room contexts. Studies have emphasized social class (Bee, 1969, Brophy, 1970; Hess and Shipman, 1965, 1967; Stodolsky, 1968; Tulkin and Kagan, 1972) or ethnic (Steward and Steward, 1973) differences, with children typically being observed at one point in time. Others have emphasized individual differences within lower income groups (Slaughter, 1969; Gordon, 1969; Herman, 1970; Radin, 1971). Some have emphasized repeated observations, thus employing longitudinal designs (Clarke-Stewart, 1973; Carew, 1975). Others have obtained such data in the conduct of experimental intervention programs targeted at mother-child dyads (Gordon, 1969; Schaefer, 1969; Levenstein, 1970; Robinson, 1975).

The results of these studies indicate that maternal teaching behavior is likely to be relatively *infrequent* and *informal*. The most important teaching activities (judged by child performance outcomes at a later period) are embedded in mutually reciprocal interactions wherein maternal behavior both initiates interaction at appropriate moments, is responsible to child signals, and actively participates in activities with children.

An *effective pattern of communicatin* between mother and infant is critical. Important maternal behaviors are not discrete particular behaviors or techniques such as praise or disparagment, but are part of an overall *style* of behavioral organization which are labelled individuating (Slaughter, 1969), contingently responsive (Ainsworth, 1973; Clarke-Stewart, 1973), participatory (Carew, 1975), and personal-subjective (Hess and Shipman, 1965, 1967), for example. This style emphasizes the proactive, orienting, structuring, stimulating, focusing elements of maternal behaviors ininteraction with young children, in contrast to restrictive, controlling, or laissez-faire orientations, however warm in character and well-intentioned in aim.

Candidate variables for study through observation include the following:

- interactiveness--the total amount and type of interaction between a mother and child during a period of time.
- maternal initiative--the number of maternal initiatives toward the child.

- maternal communication--the amount and type of maternal communication used in interaction with child, including questions, use of praise, nonverbal signals and games, etc.
- maternal responsivity and the degree to which the mother pays attention to children's singals.
- maternal use of materials--the types of materials made available to the child and the behavior of the mother when introducing new play materials to the child.
- child sociability--the degree and frequency of child initiation and/or avoidance of contact with mother and the social environment (other familiar adults, strange adults, peers).
- child's exploration--the degree to which a child explores the physical environment (patterned after Harriett/Rheingold's research).
- child's play with specific materials (patterned after categories developed by Phillip Zelazo).

Each of the above variables may be linked to the CFRP activities encouraging appropriate maternal interaction with infants and consequent positive impact upon the infant's capacity to deal with the physical and social environment. Further, each variable can be observed in the home.

Procedures. An observation system developed by Dr. Jean Carew in her study of black families in Oakland, California, is proposed for pilot testing in the spring data collection. This system has an existing, well-documented, and relatively simple to use coding system for the observation of infants and toddlers in the home. The system is known as TIES (Toddler and Infant Experiences); it is closely related to a home observation system developed by Dr. Jean Carew in conjunction with Stanford Research Institute for use in the National Day Care Home Study.

The TIES is proposed for use with the CFRP evaluation after a review of other available procedures because it comes closest to meeting the needs of the evaluation in several ways. Other observation systems reviewed include:

- the Carew-SRI observation system used in the National Day Care Home Study and the direct ancestor of TIES.
- the CORE system used by Mark Golden in the New York Infant Day Care Study.
- the observation system developed by Alison Clarke-Stewart for research in mother-child interaction.
- the observation system developed by Sue Ann Ambron for reseach in infant day care settings.

TIES is the only system designed to be applied to videotapes of infants and toddlers made under natural home conditions. It is organized

a) to trace the development of various social, language, spatial, expressive, reasoning, fine motor and gross motor competencies as these are manifested in the child's observable behavior:

b) to specify the forms of environmental stimulation (chiefly the behaviors of caregivers and others directed toward the child) that the child receives and that are likely to promote these competencies:

c) to determine the relationship between competence assessed on the basis of the child's everyday behavior and competence assessed in test situations.

TIES codes all of the child's experiences except sleep, including the both solitary, non-social behaviors and interactions with other people. Of the observation systems reviewed, TIES makes the most detailed distinctions regarding the content and developmental level of the child's behavior occurring in non-social contexts. Infants and toddlers spend the large majority of their time in such contexts. Their behavior in independent activities provides important opportunities for learning, and is a sound basis for evaluation developmental status. Therefore the TIES system focuses this feature on these aspects of behavior is considred an asset.

It is important to note that with videotape observation it is possible to select and use coding systems (or modifications of them) other than TIES after the data are collected. While TIES provides for less detailed adult-child interaction than other systems reviewed (particularly those of Clarke-Stewart or Ambron) it has several advantages. It focuses on the activities that child spend most time engaged in; it can be used as a source of child measurement data to be correlated with more traditional assessments (such as the Bayley); it was developed specifically for use with videotaped data as well as for on-the-spot coding. This last characteristic is perhaps the most compelling reason for use of the TIES because it builds in flexibility to expand the coding system either for the pilot-test tapes collected in spring 1979 or for procedures developed for subsequent use of the sytem in later years.

The TIES can be supplemented with simultaneous coding of the parent's behavior, and additional coding of parent-child interactions as they occur on videotapes. Thus, the use of videotape procedures allows use of several overlapping coding procedures upon the same data base.

Extensive materials have been developed and are available to train observers and coders to use TIES. These include a written manual with numerous coded examples, videotapes explicating major dimensions of the system and each of the important codes, and a series of precoded, unedited videotapes selected to illustrate major variations in child and caregiver behavior. Given the brief time available to prepare for training of CFRP field staff, useable materials are essential for this effort. By December 1979, a complete series of videotapes on children spanning the ages 10 to 26 months will be available for training from the Carew study and pilot test for CFRP.

Finally, psychometric data are available for TIES that indicate high intercoder reliability for children in the 11-15 month age range. Similar information is not available for other systems in use at the current time.

Home observations would be conducted as follows. (These suggested procedures have been modified from TIES project under the direction of Dr. Jean Carew for use in CFRP. Should observations be adapted to spring, Dr. Carew would be involved in training and analyses of the pilot data.) A camera person and a facilitator/interviewer would be trained for each site where observations are to be conducted. The team would visit target families with their equipment prior to the first videotape session in order to demonstrate the procedures and equipment to household members and gain approval to conduct the assessment. The first videotape session would last 2 1/2 hours and both the camera person and the facilitator would be present. The observations would consist of a 30 minute period for establishment of rapport and explanation of procedures, 45 minutes videotaping an interaction sequence with the child, the mother, and the facilitator. Finally, a parent interview (40-60 minutes) would be completed by the facilitator. The sequence of activities would remain flexible, as we expect that the child would nap for some time during the session. The second videotape session would be conducted with only the camera-person present and would consist of 30 minutes for setup and explanations, 45 minutes of naturalistic videotaping, and a 45 minute videotape playback interview. The playback from interview technique is drawn from the TIES project and from clinical research with families. Briefly, selected key sequences would be replayed from the first videotape session which might include pre- and post-nap activity period, feeding activities, a distress period, and/or a structured interaction sequence. The mother's reaction to the child's and her own behavior will be discussed with reference to motivation and understanding of child behavior. The staff of the Oakland study have found this technique to be particularly useful in helping mothers articulate their views about the child's and her own behavior.

III. Child Development and Achievement

CFRP Goals. The ultimate goal of the CFR Program is to influence the development of children in the participating families in a positive direction. No direct assessment of child development was undertaken during the first year of the CFRP evaluation. Baseline information about child health and health care, and maternal awareness of child development was gathered by parent interviews. AAI will propose expanded information about child development and achievement be collected during the second year of the evaluation, including both parent reports and direct assessment.

Evaluation objectives. By the spring of 1979, the evaluation sample will consist of familes with children in the age range 5-19 months. Children in this age range have typically been assessed using standardized scales such as the Denver Developmental screening Test (DDST) or the Bayley Scales of Infant Development (BSID). In the lower portion of this age range (5-10 months), such scales rely largely upon parent report or observation of normal behavior for some time. In the 10-18 month age range such scales focus upon fine motor imitation tasks, understanding and following directions, and gross motor development. While none of these are directly influenced by the CFR Program we would expect that development in such areas would be influenced positively by high-quality parent-child interaction. The PCDC program, with a good deal more extensive parent training and direct child intervention activities, first achieved program-control differences on the Bayley at about 18 months. Moreover, reviewers (Golden and Birns, 1969) and researchers (Wachs, Uzguris and Hunt, 1971) have shown that toddlers from different social and economic backgrounds do not begin to diverge in performance upon standard tests until 18-24 months of age.

Data Collection Plans. Based upon those findings, AAI will propose that direct measures of child development be gathered in fall 1979 when the entire evaluation sample will be at least 18 months old. In addition, a pilot assessment of children over 18 months old (Oklahoma City and Salem) will be recommended for spring 1979. Finally, the spring 1979 parent interview will contain age appropriate items from the Denver Prescreening Developmental Questionnaire (PDQ), as well as reviewing child physical growth, health, and health care history.

IV. Capacity for Independence

CFRP Goals. This category of outcomes represents the family's functioning in a social and community context, including the parent's relationship with family and social networks, knowleged and use of community resources, and strategies employed by parents in coping with raising and managing a family. The functioning and strengths of the family are of primary importance in the CFRP concept.

In its most general statement of goals, CFRP guidelines state that the programs are intended to work through the family as a child-rearing system to enhance the total development of the child. Thus, in addition to the services and goals aimed at the development of children and the interactions between parents and children, CFRP explicitly is designed to reach the entire family as a child rearing system. CFRP recognizes that each household (or immediate family unit) lives in and is influenced by a social environment that includes extended family members, friends and social groups, agencies and institutions within the community. CFRP's mandate to reach the whole family acknowledges that the family has at least a dual role in American society: to raise and socialize children, and to function as an economic unit. CFRP only serves a particular segment of American families--those who have incomes below the federally defined "poverty" guidelines. Therefore, the mandate to assist families as child-rearing systems includes helping families with a variety of concerns about conditions of poverty. Such concerns include physical problems such as housig, safety, and transportation; and problems of access to services and goods families need and want for themselves and their children. Other concerns reflect the social status of being poor, of people's lack of status to advocate for themselves and lack of contact with others who are willing to advocate for them. Finally an important set of concerns are about jobs and job opportunities available to family members with little education and/or job training. CFRP then, is explicitly a program which support child and family development through education about child development and family management. But it is also, implicitly and importantly, an economic program supporting socio-economic mobility, with the goal of helping to relieve the stresses in the household which are associated with poverty and thus enhance the family as a child-rearing system. Economic mobility, however, is a long-term goal and CFRP makes no claims for insuring that families will attain better economic circumstances as a result of participation. Rather, it aims staff effort at intermediate steps: mobilizing resources in the community, helping parents to acquire the experience and knowlege of using resources, helping parents cope with and manage the demands of child-rearing and the short and long-term needs of the family. CFRP can help families better manage their immediate circumstances and provide support to the parent in seeking improved economic status. All three sets of variables in this category, (parent coping skills, affiliation with family and social networks, and use of resources) are important in understanding the family's child-rearing and economic functioning.

For the CFRP families, "Capacity for Independence" has an added dimension: the family's independence in relation to the CFR Program. It is a CFRP goal that the provision of support to families should be accomplished in a manner that enhances their self-sufficiency rather than makes them dependent on program staff for continued functioning. However, as family independence in relation to CFRP is only an issue for CFRP families, variables for studying this type of independence will be addressed in the In-Depth Study.

Evaluation Objectives. This broad category of variables, Capacity for Independence, is a collection of conceptually interrealted variables in three areas: parent coping skills, affiliation with family and social networks, and use of community resources. They are critical in this evaluation because they represent the ecological context of the family within which child development and parent-child interaction take place. Along with demographic variables (such as income employment, education, which are designated as "Family Circumstances" in this evaluation), these family ecology variables will describe characteristics of the sample families, help to identify patterns of change in the families as systems, and help to identify the influence of CFRP in the patterns of change observed.

Specific variables in the three areas were selected because they have been identified as related to effects in child development or family functioning in other research studies; they are important in research about coping; and they have been identified by CFRP staff and others to be important in the total family system CFRP is mandated to reach.

A number of studies have indicated that the support services provided to families through intervention programs are correlates of changes in parents and even in children (Robinson, 1975; Pierson, 1974; Lally and Honig, 1975). Others have suggested that the role of extended family networks and the families' use of community services are also related to effects for children (Kessen and Fein, 1976; Home Start Evaluation Report, 1976).

The emphasis on parent coping skills, while a relatively new domain of study for parent education programs, arises from CFRP staff and researchers knowledgeable about CFRP who have identified one of CFRP's important goals as helping parents improve coping skills. There seems to be no specific consensus among staff about what "coping" means. Some staff members mean the parent's ability to manage stress of the living circumstances associated with poverty; others, the stress of caring for young children; and still others refer to a general ability to anticipate family needs and manage the home environment in a relatively organized, consistent manner. Much research exists concerning stress and coping but almost none of it focuses on the particular stresses of living in poverty; that research which is related to the role of being a parent is either very specific to particular situations (such as the death of a child), or one of several broad life role areas in which coping is studied. Research on coping typically involves many complex variables in personality and social psychology. The investigation of coping skills planned for this evaluation will not be a full-blown study of coping, but it will extend research about coping into a new domain. Studying coping skills is important in this evaluation because such skills are an important underlying component of CFRP-family interaction.

All variables in this evaluation represent, to some degree, values about development, interaction and change. The variables in this category, more than most others in the evaluation, represent values about family functioning and social services and policies about which there are many conflicting views.

Families and CFRP staff will have different values of how independent families should be in relation to other family members, social organizations and services, and sources of income. For example some will believe that help with children should come from relatives, while others will prefer to have it from professionals in agencies. Some will believe that mothers with infants can and should work while others will prefer to receive public assistance while children are young in order to spend more time with their children. Some will believe that effective coping is learning to anticipate and avoid crisis situations; others that effective coping is solving immediate problems effectively.

It is the purpose of the evaluation to describe and to measure when possible the various aspects of family independence which must be considered in assessing a program like CFRP. It is not the purpose of the evaluation to answer these questions of value but to provide information which may be used for discussions among policymakers, parents, CFRP staff and others who must decide how and in what ways CFRP will operate with families.

Although the evaluation will use these variables primarily in a descriptive way, it may be necessary to make judgments of value concerning issues represented by the variables. In that case it will be essential to make explicit those values for the purposes of descussion. Partly because they represent values about which people have differing views, these variables are crucial for studying the family as a child-rearing system and make possible a broader understanding of the possible impact of CFRP on that system.

Relevant Research

Parent Coping Skills. Research about coping incorporates different theories of individual functioning and methods of study in different branches of psychology. There is neither a well-organized body of theory about coping nor a set of methods agreed upon to study it. Therefore, it is useful to summarize the major issues and definitions that do have some common agreement among researchers in the field, before proceeding to identify the variables of interest in studying coping by low-income parents in the CFRP evaluation.

Historically research about stress and coping has focused primarily on the definition and reduction of stress; the concept of coping, on the other hand, is more broad and includes an individual's perceptions, management and control of stressful occurances. Research about stress has tended to identify three types: physiological, psychological and social. The physiological is concerned with tissue systems; the psychological with individual cognitive and personality dimensions, and the social with the events occurring within a social system. Early stress research was concerned with drastic events involving harm or threat; more recently, stress research has broadened its definitions to include less drastic life situations or events, and individuals's responses to those events. Researchers summarizing stress studies have characterized stress as a state of being under particular circumstances rather than an event. They observe that individuals perceive different circumstances to be stressful and that individuals' perceptions and experiences of stress affect and are affected by their motivations, personalities and the context in which they are acting (Appley and Trumbull, 1965). One major researcher in the field suggests that the term stress should be used as "generic term for the area of problems that include the stimuli producing stress reactions, reactions themselves and various intervening processes." (Lazarus, 1966).

While stress has been studied extensively, the possitive management of stress and stress response generally termed coping has received less attention although a body of research is rapidly growing. Coping is increasingly identified in the research literature with "adaptation" and behavior management. A recent anthology of research includes a summary definition of coping as "efforts to master conditions of harm, threat, or challenge when a routine or automatic response is not readily available." (Monat and Lazarus, 1977). Another definition used by researchers doing naturalistic studies of coping behavior defines coping as "any response to external life strains that serves to prevent, avoid, or control emotional distress" (Pearlin and Schooler, 1978). Researchers have proposed different taxonomies of coping which attempt to distinguish responses of an individual from the social or psychological resources which are available to them, or which differentiate two types of response: direct action taken to alter a stressful circumstance and thoughts and actions which are intended to provide emotional relief from stress. Others have attempted to distinguish individual dispositions and styles of behavior (which reflect basic personlaity traits) from specific coping strategies. In research, individual styles are often assessed by personality measurements while strategies are identified by observation or self-report. Researchers have begun to investigate what constitutes effective coping behaviors or styles, and have hypothesized that effective coping is situation-specific, often individual-specific, and may be related to the availability of choices among alternatives for coping.

All these variables come into play in the coping process: individual traits, social and psychological resources, the immediate situation, the range of perceptions and responses available to the individual in the situation, and the behaviors or feelings elicited. The trend in coping research is toward naturalistic studies of this coping process in which the situations and individual responses are carefully delineated. The CFRP evaluation provide an ideal naturalistic sample for the study of coping processes in a particular set of families. Many of the variables that have been identified as important in the study of coping (such as the use of social or psychological resources) are also important in the study of child development and in the service aspects of CFRP. Thus, while the study of coping will require the definition and collection of some variables pertaining only to coping, it will also make use of variables already identified for other evaluation questions.

Family and Social Networks. Some researachers have identified the availability of support to parents as being related to the degree of participation by parents in programs like CFRP and, indirectly, to effects for young children (Kessen and Fein, 1976); others have stressed the importance of support in child care and family management to mothers who wish to combine work and care of young children (Hoffman and Nye, 1975). Much research in family sociology has stressed the importance extended family and social relationships in the allocation of home management and child rearing responsibilities (Bett, 1972; Levi, 1976).

Use of Community Resources. Most relevant research concerning the use of resources by low-income families has been either service specific (such as the use of health care) or has reflected the role of support services in early childhood intervention programs such as PCDC (Robinson, 1975), The Brookline Early Education Project (Pierson, 1974), or the Family Development Program (Lally and Honig, 1975). This research suggests that while access to services is often a problem, the provision of services is often associated with gains at least for parents.

Variables of Interest

Parent Coping Skills: The introduction to this section on Capacity for Independence describes several assumptions about the stresses associated with being a low-income family in this country. Because there are many areas of potential interest and importance for the study of coping among low-income parents, two areas of living have been selected for the initial study of coping in this evaluation: one reflecting the family's economic status and the other reflecting the mother's role in child rearing. These two were selected because they are most salient to the families being studied and to the purposes of the CFR Program in serving families. The first task will be to identify in general the changes and events in the family's recent experience and to define those aspects of the economic and child-rearing areas which parents perceive stressful or as requireing some coping response. It would be useful to identify some characteristics of individual disposition or style; both indirect measures such as interviews and selected observation measures will be investigated for collection of this data, rather than the use of personality-related tests.

Eventually, it would be desireable to identify strategies that families use in coping with situations in the economic or child-rearing areas of their lives and to learn whether they have and use a range of resources and responses in coping with these situations. These variables would help define the term family "strengths" which is used frequently in CFRP but has yet to be well-defined. With information about strategies used by families it would be possible to speculate about what constitues effective coping for low-income families and to attempt to identify the correlates of such effective coping.

The role of family support systems, including community programs and CFRP, is important in this investigation of coping and can be pursued to some degree in the Impact Study. However because of the broad range of outcomes to be studied in the Impact Study the role of program support in coping will be best addressed in the In-Depth Study, where information from CFRP staff and program records will help define important variables. Information about how CFRP works with the treatment group of families concerning coping should be of major interest in the naturalistic research on coping.

Affiliation with Family and Social Networks: Information about the family's contact and relationships with friends and other family members is included in this evaluation because it helps to define the context of the family as a child-rearing system. Two types of variables are collected in this area: variables reflecting proximity of and contact with relatives and friends, including groups of friends seen for social occasions, and variables reflecting the availability and use of other individuals (within and outside of the family) in caring for children and managing the family.

One goal of CFRP, as identified by CFRP staff, is to broaden the social contacts of mothers with young children, bringing them into contact with other parents to discuss ideas and issues of mutual concern and to become involved in making decisions about how the CFRP will be tailored for the goals of each family. CFRP staff are mandated to work with all members of the family in planning and delivering services so it is important to know about the presence and roled of other members in the family or household.

Use of Community Resources: Two kinds of variables about resource use will be important in the Impact Study: the frequency and type of services used and the perceptions and satisfaction of families using the services. Access to services may be defined in physical and psychological terms. In some areas of the country services are limited and difficult to reach; in others individuals and agencies are available but may have limited resources, be over burdened with the result that parents do not get the quality of service they want. In addition to the awareness and use of services, several variables of interest in later years of the evaluation will concern levels of family satisfaction, perceived control over the service delivery process, and initiative inseeking and obtaining services. Another area of importance is the degree to which families use preventive rather than remedial services and their perceptions of the need for services.

The use of services can be interpreted positively or negatively in terms of family independence. Either extensive or very little use of services may indicate that the family is not functioning to meet the needs of its members in a manner that promotes growth and self-sufficiency.

In addition it is important to know whether families use services in the community other than CFRP, whether they perceive CFRP to be important in their use or satisfaction with such services, and what they obtain without CFRP assistance.

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APPENDIX B: Descriptions of CFR Programs

This appendix contains brief descriptions of the major features of the 11 CFR Programs. The descriptions were prepared from data collected in the six summative sites through site visites in November 1978 and from the other five non-summative sites through telephone calls at about the same time. Programs in the six summative sites are described first, followed by still briefer profiles of programs in the five remaining sites.

The site visits and telephone calls to programs in the fall were designed to identify the major program features in terms of size, structure, emphasis, component organization and service coordination. At present the data we have on these features are not sufficiently detailed to enable us to identify program models. (See Chapter 2 of the Program Study in this volume for a full discussion of model development.) When more data are available to define the important features of the programs, these features (size, structure, etc.) will be associated with certain types of outcomes for families in CFRP. The following sketches however, simply describe how each program is organized and provides an informal sense of what distinguishes one from another.

For the reader new to CFRP, it may be useful to have the following information about the program in general.

> CFRP-Head Start relationship: All CFRPs operate within existing Head Start programs. The CFRP concept includes regular Head Start services and center meetings for the preschool age children of families enrolled in Head Start. In most CFRPs, enrolled families with children in Head Start receive more emphasis on assessment and goal setting for the entire family than do families enrolled in Head Start only.

Infant-Toddler component: this term refers to all CFRP services for families in which ther is a child from prenatal to age three or four when the child enters Head Start. A family with children of many ages may participate in Infant-Toddler as well as Head Start activities; a family with only an infant will participate in the Infant-Toddler component only.

Preschool-School Linkage component (PSL): this component is less visible in most CFRP than the Infant-Toddler or Head Start activities. Staff who work in PSL work to help make the chil's transition from Head Start to public school a positive one for the child and the parent. Services like tutoring or parent classes about school procedures are provided and coordination is regularized between Head Start staff and school personnel such as teachers, counselors, principals, or specialists.

Family Advocates, Home Visitors: titles are common for staff who have most contact with families. They help families with assessment and the identification of goals, provide or coordinate services, and/or provide educational curricula for child development and parent education topics. In some sites the staff have all functions; in others, one staff member usually has responsibility for service coordination and assessment (most often a Family Advocate) while another has responsibility for education in the home (usually the Home Visitor).

Assessment: a more or less formal compilation of information about each family used by the parent(s) and CFRP staff to identify goals and services the family wants from CFRP. Assessment may consist of informal conversations between parents and staff or may include developmental screening, family histories or meetings with specialists from other agencies in the community. Assessment and setting of family goals is mandated by CFRP guidelines.

For more complete descriptions of the CFR Programs by site see The Child and Family Resource Program: An Overview (DHEW Publication No. (OHD) 76-31087) Administration for Children, Youth and Families, (DHEW) Washington, D.C. 1976.

Jackson

Jackson-Hillsdale Child and Family Resource Program
401 South Mechanic Street
P.O. Drawer 1107
Jackson, Michigan 49204

The Learning Resource Center in Jackson is the largest of the 11 CFRP programs. It serves 440 families in Jackson County and urban Hillsdale with a staff of 78. The Learning Resource Center is unique in that CFRP, Head Start and Title XX are full integrated into one family development program. When recruited, families are given the option of participating in four basic programs: 1) Head Start, 2) Home-based Head Start; 3) Day Care, or 4) Family Development Programs. Most families choose to participate in the family development program, which is the most comprehensive of the four programs.

Families are assigned to a Family Development Unit (FDU) which is primarily responsible for providing services to families. An FDU consists of one family life educator, who is responsible for family assessment, planning group parent education activities and home visits, and one or two home parent teachers who makes home visits twice per month to work with parents on child development issues using the Portage developmental curriculum. The home parent teachers also double as infant toddler classroom staff. The FDU may also include Head Start classroom staff and the Preschool Linkage coordinator, depending on the age of the child(ren) in a family. Other program or community resources are drawn into the FDU on an as needed basis to address specific problems, needs or goals. The FDU operates as a team in the delivery of services, the assessment of goals and the development of action plans.

Parent education is viewed as the key to successful family development in the Jackson program. To this end, the program emphasizes numerous parent involvement activities, offering incentives with rules made up by the parents. The adult education component receives a great deal of support from local schools and colleges for GED programs and job training.

The preschool linkage component was established in 1973. A new coordinator was recently hired and although the planning, staffing and funding have not been completely worked out to date, links have been established with the Jackson schools. The emphasis of this component has so far been on tutoring.

Direct health services offered in Jackson include prenatal care and education, speech therapy and dental checkups.

Las Vegas

Child and Family Resource Program
Economic Opportunity Board of Clark County
900 W. Owens Avenue
Las Vegas, Nevada 89106

The Las Vegas program serves 112 CFRP families from several low income pockets in Clark County, Nevada. The program is unique in that each pocket serves a different ethnic group, i.e. a Black, Hispanic and White population.

The Las Vegas program is organized to develop strong links between home visitors and individual families. Home visitors are responsible for goal setting and achievement processes, providing referrals and support and assisting in the center-based activities.

The Infant-Toddler component using well-defined curricula, focuses on increasing appropriate interactions between parents and children and assisting parents to achieve education and work-related goals. A regular home visit and center activity schedule is followed on a biweekly basis. This component of the Las Vegas CFRP will necessarily be the focus of the evaluation for at least two years since the evaluation families are all young mothers with first-born infants.

CFRP-Head Start integration is managed through the provision of specialist services (nurse, nutritionist, Preschool Linkage specialist) to CFRP by staff who are assigned to the Head Start program as well. PSL-component depending on the composition of the families served.

The size of the Las Vegas program makes having one primary person (the Home Visitor) responsible for a family a viable approach. The personal links between home visitors and families may prove particularly effective with the new families who are likely to need a great deal of individual support and guidance.

New Haven

Child and Family Resource Program
10 Peck Street
New Haven, Connecticut 06513

CFRP in New Haven is an integral part of a large Head Start/Child Development program serving 650 families in four areas of New Haven. CFRP is organized to deliver services to families in two ways. One, the Infant-Toddler Program, serves primarily families with children from both to age three; most of these families come from one of the four areas served by the New Haven Head Start. The other aspect of CFRP is to provide expanded services to all families in Head Start through the use of a team called a Triad. Each Triad consists of the Family Advocate, the Parent-School Liaison and Head Start teacher or curriculum specialist who meet regularly to help families who have needs or problems concerning Head Start or public school.

CFRP services including assessment and the services of a Family Advocate are provided regularly to all Infant-Toddler Program families (86 in all) and as needed by all Head Start families.

As in the Jackson program, parent involvement is emphasized in New Haven. One staff member has been assigned the task of organizing educational programs from the GED to college degree levels. Career development is extensive and the program extends this emphasis to the hiring of former parents as staff members.

PSL activities are coordinated by the parent involvement specialist who supervises Parent-School Liaison staff. These Parent-School Liaison staff help organize parent activities in the Infant-Toddler program as well as work with parents and Head Start classroom teachers to prepare children for public schools.

The Infant-Toddler Center operates as a Head Start classroom. Family Advocates, Home Visitors and the classroom teacher individualize educational activities for mothers and their children in the center and at home. Home visitors and the Infant-Toddler staff are involved in center meetings and home visit activities. As part of the Infant-Toddler component, parents lead policy council discussions on center-related business.

Health services in New Haven include developmental screenings for all children who participate in classroom activities. In addition the Head Start nurse reviews medical records, follows up on medical problems and refers additional medical needs to home visitors or family advocates for appropriate referrals to other agencies.

Since the New Haven CFRP is an extension of Head Start provision of expanded social services to families, there is a great deal of interaction among staff in both programs. Families are served through a triad, a team composed of 1) a Family Advocate responsible for providing social services and advocacy in the centers; 2) a parent-school liaison person and; 3) an educational team consisting of a specialist and classroom teachers.

Oklahoma

Child and Family Resource Program
331 West Main--5th Floor
Oklahoma City, Oklahoma 73102

The CFRP is mandated to serve the Oklahoma City area, though most families come from Spencer and neighboring towns, some as far as 20 miles from Oklahoma City.

Because the CFRP is relatively small in size with a small staff, staff seeks to coordinate existing-services in the community for the families they serve. Family Advocates act primarily as supportive counselors. They help set goals, assist families in achieving them, make referrals, do home visits and maintain records. Although Family Advocates work closely with Head Start staff when families have older children, there is relatively little integration between CFRP and Head Start in general. Head Start support staff are available to CFRP staff as-needed basis, but as most Head Start staff are based 20 miles away in Oklahoma City, CFRP must often find resources closer to home. For example a management specialist provides regular staff training.

Health Services are coordinated primarily through a local health clinic which provides both primary health care and health education services. This clinic, located in

Spencer, has developed a very close working relationship with the CFRP over the past few years.

Some limited social and education services are provided directly through CFRP, but most are referred to local agencies providing these services.

An Infant-Toddler group is organized under the supervision of a consultant from the University of Oklahoma, who is assisted by CFRP staff assistance in planning and operating the rgoupr. Monthly center meetings run by university staff and Family Advocates have been restructured recently and are now available to more parents.

Head Start in Spencer, like CFRP, is small. The Director of the Head Start center in Spencer (which shares a building with CFRP) doubles as the PSL-coordinator for CFRP. Consequently she has less time to devote to developing the PSL component.

The program offers many opportunities for parent involvement in program as well as independent activities. Staff have developed a solid grass-roots base on this involvement of families.

St. Petersburg

Pinellas County Head Start and Child
  and Family Resource Program
1344 22nd Street So.
St. Petersburg, Florida 33712

The St. Petersburg CFRP program serves 130 families with a staff of 10 within a much larger local Head Start Program.

The St. Petersburg program emphasizes child education via parent education. The Infant-Toddler component is in the process of developing a more structured curriculum through the use of established child development materials and guidelines. PSL linkages have been established with several schools as a new coordinator becomes more familiar with that component.

Interaction between CFRP and families is primarily through Home Visitors who assess families, assist in setting and achieveing families' goals, make home visits, direct I-T activities and provide referrals for social service needs.

Direct health services include annual child screenings at the center and referrals to health clinics coordinated by Home Visitors through the CFRP Health Specialist.

A unique feature of the program is a hotline answering service where parents caan get advice or talk to a counselor by telephone any time day or night.

The St. Petersburg CFRP is integrated with Head Start to the extent that it is a component of H.S.; as such, CFRP staff participate in meetings with Head Start staff and can obtain support and technical asssitance from them. Actual coordination of service by the staff of the two programs is primarily accomplished in working with families who have children in Head Start.

Salem

Child and Family Resource Program
Mid Willamette Valley Community Action Agency
1515 State Street
Salem, Oregon 97301

The Salem CFRP serves 121 CFRP families with a staff of 36. The program has been re-named Salem Family Head-Start, integrating H.S. and CFRP concepts. The entire Head Start program serves about 200 children with a total of 42.

As indicated in its names, the program emphasizes family development. Attempts have been made to provide most services directly through the program rather than rely on other agencies. Family dynamics, counselling and parent education have been viewed as crucial components of the program.

The emphasis of the I-T component is to disseminate child development information and to discus developmental issues; this is done through center meetings and home visits. Home visits and Infant-Toddler specialist provide both center and home-based activities. In addition, trips, exercise classes and GED/adult education courses are planned and implemented. This component appears to be well defined, developed and structured.

Child health services are coordinated through a public health nurse contracted to H.S. on an 80% time basis. She provides health assessments on each new family, makes home visits, provides training to staff and families with emphasis on preventive care.

The PSL component is coordinated on a half-time basis by the Education Coordinator. In this component the focus currently is on coordination with school personnel rather than working primarily with parents as was done last year. Family H.S. children attending any of the 17 participating schools are enrolled in the program's First Grade Success Program, a school readiness program similar to Follow-Through. This unique component of the Salem CFRP serves as a complement to the Infant-Toddler component since the services of the latter are provided only to children from families with younger children.

There is extensive integration between H.S. and CFRP. Staff work in teams with a Family Advocate, Head Start classroom staff, and van drivers making up a team for each center. The Infant-Toddler center adds two Family Advocates and an Infant Specialist to this core team.

Bismarck

Child and Family Resource Program
Bismarck Public School District No. 1
400 Avenue E.
Bismarck, N.D. 58501

The Bismarck Early Childhood Education Program consists of 5 programs: Head Start. Day Care, a Special Needs Program (handicapped children aged 3-8) and the Special Needs Infant Program (birth-3 years). CFRP serves 102 families. Extensive integration among programs, all of which operate with a comon administration, has enabled BECEP to offer a wide range of services to families, e.g. all families can benefit from parent involvement activities regardless of the program in which they are enrolled. Families are not officially enrolled in the program until the assessment is complete and families express a continued interest in program participation (80% of families opt for enrollment). Families in need receive immediate emergency services before the assessment procedures begin. Families may choose one of four options for the composition and style of the actual assessment meeting, individualized to accomodate family comfort. A Family Action Plan, the culmination of the assessment meeting, provides guidelines for service coordination including family as well as program and community action. Family Advocates are primarily responsible for providing services and referrals.

Gering

Child and Family Resource Program
1840 7th Street
Gering, Nebraska 69341

The Gering program serves 109 currently-enrolled CFRP families referred mainly by Head Start. Assessment procedures differ from other programs in that an application to the program must be made (60 - 70% of applicants are accepted). Staff subsequently conduct a pre-assessment meeting based on family data collected by a Home Visitor to determine family strengths, goals and concerns and to assign a working team. The actual assessment meeting does not take place until the family approves the staff who will work with them. Parent(s) attendance is required for this meeting in which a Family Action Plan (including plans, time tables and goals) is established. The program ensures family awareness of the program's expectations by requiring parents to sign an agreement outlining family and CFRP responsibilities; in addition, families receive a copy of the Family Action Plan. Head Start and CFRP seem to be fully integrated: Head Start centers often become satellite bases for CFRP activities because of the large service area of CFRP and Head Start and great distance between centers. One third of the Parent Policy Council must be CFRP parents. Services are coordinated by a team in each area whose composition varies depending on the needs of the families.

Modesto

Stanislaus County Department of Education
Child and Family Resource Program
801 County Center III Court
Modesto, California 95355

The Modesto CFRP serves 95 Mexican-American families, most of whom are migrant farm laborers recruited by Home Visitors and veteran families. Pre-assessment meetings are used to determine if data collected by the Home Visitor is complete and if a specialist is needed to work with the family. The actual assessment meeting may include the Home Visitor, the family, the CFRP coordinator and CFRP or other agency staff appropriate to the needs of the family. Many families opt not to attend the actual assessment meeting since many are unfamiliar with the English language and are uncomfortable with the concept of group meetings with relative strangers. Coordination of services is often difficult in Modesto, given the isolated areas in which families live, the lack of nearby resources, and the lack of specialists familiar with Spanish; nevertheless it seems that Home Visitors are able to establish trusting relationships with families since families tend to return to the program each year during the agriculture season. Integration with Head Start is extensive: supervisory responsibilities overlap and facilities and staff are basically the same for families enrolled in either program.

Poughkeepsie

Project REACH: A Child and Family
Resource Program
Office of Educational Programs
Dutchess County Committee for
Economic Opportunity, Inc.
162 Union Street
Poughkeepsie, New York 12601

The Dutchess County CFRPs serves 113 families, mostly referred by Head Start. Since September 1978, four Head Start sites (in addition to Poughkeepsie) have expanded to provide CFRP services to suburban and rural families. All parents enrolled in the new sites were veteran Head Start parents. Families are assessed approximatley two months after enrollment The actual assessment meeting includes the family (encouraged to attend), the Family Advocate, the Head Start teachers (where applicable) and the Head Start/CFRP

Social Services Coordinator. Family Advocates have primary responsibility for coordinating services and referrals; however, in the rural sites Family Advocates get assistance from the Social Service aide since in these areas the Family Advocate also serves as the Director of the Head Start center. Integration with Head Start is extensive: 90% of staff have responsibilities to both programs. Consequently a great deal of coordination and support among staff members is possible.

Schuylkill County

Child and Family Resource Program
Schuylkill County Child Development Program
101 South Centre Street
Pottsville, Pennsylvania 17901

CFRP in Schuylkill County serves 142 families who live in the semi-rural coal mining country of Pennsylvania; it is one of four programs which operate under the umbrella organization of the Schuylkill County Child Development Program. Others are Head Start, Title IV-A and Appalachian Regional Commission day care programs and a program for handicapped children. Families are encouraged to enroll in CFRP if they have infants and toddlers, are interested in more involvment with their children than day care or Head Start offers, of if they feel they could benefit from the comprehenseive assessment and services which are part of CFRP. The Infant-Toddler program of parent activities in Schuylkill is delivered primarily on a one to one-basis through visits to the home by Family Advocates. Family Advocates are also responsible for coordinating referral services to families. Center-based Infant-Toddler activities are primarily oriented to providing day care for infants and toddlers for employed mothers; day care is a particularly important need for families in the area because most job opportunities are in industries like textiles which are dominated by women workers. Health and other referrals services, especially those for pregnant mothers, are also emphasized in CFRP. CFRP and its parent organization, the Schuylkill County Child Development Program, have extensive ties with a local task force of service agencies which coordinates services to families in the area. There are plenty of opportunities for parent involvement in committees and groups which make decisions for activities in the program.

APPENDIX C: Memo to CFRP Staff from Dr. Ann O'Keefe re: Recruitment

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201
(202) 755-7700

May 17, 1978

TO: CFRP Summative Sites: New Haven, St. Petersburg, Jackson, Oklahoma City, Las Vegas, Salem

FROM: Ann O'Keefe, CFRP National Director Ann O'Keefe

RE: Family Recruitment and Selection Procedures for CFRP Summative Evaluation

Please forgive the delay in getting back to you about recruitment issues that were raised at the Las Vegas CFRP meeting. It took considerably more time to resolve these issues than we had expected.

You will be pleased to know that control group families will not be excluded from entry into Head Start when the focal child reaches Head Start age. (The "focal child" is the child who will be under one year of age on October 1, 1978.) While these non-CFRP ("control" or "comparison") families are not guaranteed a slot in Head Start, they will receive priority placement into Head Start if they want to enroll their child at that time.

Since we last met several other decisions were made about recruitment procedures for the six summative CFRP sites. All aspects of this process are covered below.

Number of New Families Required

Since we expect attrition to be a problem over time with the control group, ACYF has decided to ask programs to recruit as many new families with infants as possible in their communities. If feasible, we would like to start out in each program with a group of 120 families -- 40 to be randomly assigned to the CFRP group, and the remainder to serve as a control group.

Geographic Clustering of Families

We know that most CFR programs serve families in more than one area of the city or county. It is important for us to know which areas you serve since services available to families are likely to differ from area to area. Such knowledge will enable us to select families on the basis of their geographic location within your overall program's area, and thus to insure that we have both treatment and control families from all areas your CFRP serves.

Some programs may have assigned family advocates to work with families in specific geographic areas. If this is the case, it is important for us to know how many "slots" will be available in each of your areas in the fall. It is similarly important to get your best estimates of the total number of families you expect to recruit in each of your geographic areas. Marrit Nauta, of Abt Associates, will call you in the next week or so to get information from you on how many geographic areas your CFRP serves within your overall CFRP service ("catchment") area, how many new families from that area you plan to serve in CFRP, and how many families from that area you hope to recruit for the study. The format for such information will be:

Code	Name of Area	# of New CFRP Families to be Served	Estimated # of New Families to be Recruited

AS YOU RECRUIT EACH NEW FAMILY, BE SURE TO KEEP A RECORD OF THE GEOGRAPHIC AREA IN WHICH THE FAMILY RESIDES (as indicated on the "CFRP EVALUATION FAMILY INFORMATION FORM")

Characteristics of the New Families you Recruit

All families recruited for this study must:

- be eligible in terms of HS/CFRP income guidelines
- have a focal child who will be under age one on October 1, 1978
- not have ever been enrolled in CFRP previously

In addition, we prefer families for the study who have never been in Head Start. However, since it may not be possible at some sites to recruit only families who have no Head Start experience, we do need information on each family regarding its prior Head Start experiences (and have asked for such information on the CFRP EVALUATION FAMILY INFORMATION FORM).

Family Information Needs

In addition to information on the family's geographic area and prior participation in Head Start, we need other information on each family you recruit.

I have attached a copy of the form we would like you to use for giving Abt the information. You should reproduce enough copies of this form so that you have a form for each family you recruit.

Basically Abt will need:

- name of parent
- geographical area in which family resides (Marrit Nauta of Abt will develop appropriate codes with each of you to be used for your families)
- age of parent
- ethnic background of parent
- date of birth of focal child (or expected date of birth if not yet born)
- sex of child (if born)
- number of siblings in the family
- prior Head Start experience of the family
- focal child's birth order
- information, if a "special case"

  SPECIAL CASES: As we discussed in Las Vegas, there is space on the FAMILY INFORMATION FORM to indicate whether or not this family should be treated as a special case: that is, should definitely be enrolled in CFRP and excluded from the evaluation. Please be specific about each special case so that we can apply special case procedures uniformly across sites.

Recruiting and Sample Selection Schedule

We recognize that it is important for you to know which families will be in CFRP and the control groups as soon as possible. Given this need, I am requesting that names and data (that is, CFRP EVALUATION FAMILY INFORMATION FORMS) be sent to Abt at the end of May, the end of June, and the end of July. Since it is unrealistic to expect all recruitment to be completed by June, Abt will plan to select families at two time points. The first group would be selected from families who have been recruited by the end of June. For programs who have not yet reached the number of families required for the evaluation, recruitment would continue during the month of July. Special cases may be forwarded as part of the May, June or July submission to Abt, or may be sent to Abt as they come to the program's attention if the need for CFRP services is immediate.

Informed Consent of Families

By law, we are required to give families an explanation of random assignment (lottery) procedures, data collection plans, and so on. To make sure that your staff cover these topics with all families, Abt is preparing a brief brochure (both in English and Spanish). Your staff must thoroughly review with parents the contents of the brochure and give parents a copy. Note that there is room on the last page of the brochure to record the program's address and a person for parents to contact if they have questions about study procedures.

Following an explanation of procedures, parents should be asked by staff to give their informed consent on the parent consent forms attached to each brochure. The consent forms must be attached to the FAMILY INFORMATION FORMS when they are submitted to Abt Associates.

It should also be made clear that the payment to control families is not given to compensate them for not being in the program. Payments for interviews and address verification are offered as compensation for their time and continued interest in the study. Abt plans to take full responsibility for tracking the control families, with little or no CFRP staff assistance.

Program Policies Toward Control Families

As is noted in the parent brochure, control families are free to withdraw from the study at any time and to apply for enrollment in either CFRP or Head Start. In order to minimize attrition from the control group, we are asking that you set the following procedures for family enrollment in CFRP after the treatment/control group families have been recruited. Preference for enrollment in CFRP should be given in the following order:

- families new to the program area, who therefore could not have been recruited or enrolled in 1978;
- families considered to be at risk or in special need of enrollment because of family circumstances;
- families with new infants who are first babies
- all other families; including those who may have been in the control group and are seeking enrollment in CFRP.

Start of 1978 CFRP Program Year

Although we plan to select families in two stages, families should not become active participants in CFRP until after Labor Day weekend (September 5, 1978). This will insure that all families within and across sites receive the same amount of treatment at the time the first interviews with parents are conducted in early October.

During the course of the next few months, Marrit Nauta of Abt Associates will serve as liaison with you and your staff on all matters related to the family recruitment and selection aspects of the evaluation. She will call you in a week or so to answer any questions you may have about the contents of this memo, to work out the "geographic code" for your particular site, and to confirm the schedule by which your program will submit the Family Information Forms, etc.

In the meantime, feel free to call Marrit collect at Abt (617/661-5954 or 617/492-7100, ext. 202). I will have talked to all of you by telephone by the time you receive this, but please also feel free to call me for any further information or clarification.

Procedures related to the evaluation plans have undergone several changes since we met in Las Vegas, and it is important that all of us are perfectly clear on what the current status and plans are -- so don't hesitate to call Marrit or me if you need to.

Also, be sure to reproduce copies of this memo for others in your program as needed.

cc: Ed Dohrenwend/Valerie McDonald/Kingston Holcomb
Eileen Klotz/Joan Burns
Joan Cromer
Roger Schultz/Bette Hendrickson
Lee Brooks/Hal DeArmond
CFRP Regional and Community Representatives
Ray Collins
Esther Kresh
James Young
Marrit Nauta/Kathy Hewett/Betty Proper
Dingle Associates

Site ______________________

Parent Information:

Name of Mother or Guardian: ____
Last First Middle

City in which family resides: ______________________ Geographic Code: ________

Ethnic background of mother:
- ___ White/Caucasian (not of Hispanic origin)
- ___ Black/Negro (not of Hispanic origin)
- ___ Hispanic
- ___ Alaskan or Native American (Indian)
- ___ Asian of Pacific Islander
- ___ Other

Mother's Date of Birth: ______________________
Mo. Da. Year

Child Information:

Name of Focal Child: ______________________________ Sex: ___Male ___Fema

Focal Child's Date of Birth(or expected date of birth): ______________________
(NOTE: FOCAL CHILD MUST BE UNDER AGE ONE YEAR ON OCTOBER 1, 1978) Mo. Da. Yr.

Total number of other children in the family: _______ Focal child's birth order:

Head Start Program Experience (if any):

Has this family ever been in Head Start? ___Yes ___No

If YES, is the family currently in Head Start? ___Yes ___No

How many years has the family been in Head Start? ______________________

Special Cases:

Do you consider this family a "special case" such that it should be excluded from the study's random assignment process? ___Yes ___No

IF YES, please indicate why you believe this family should be excluded from the study's random assignment process: ______________________________

____

____

____
(use reverse side if necessar

BE SURE TO ATTACH PARENTAL CONSENT FORM

CFRP Staff who recruited this family: ______________________ Date of recruitment: ______

DRAFT: CFRP EVALUATION BROCHURE

(A copy of the brochure, which is being prepared in final form by Abt Associates, should be given to every family being recruited)

Introduction

The Child and Family Resource Program (CFRP) is part of the national Head Start program. It is sponsored by the federal government* and offers services and activites which families often need or want for their children. The CFRP in your community is one of 11 similar programs across the country. All CFRP programs enroll families who have children from infancy through third grade.

The CFRP Study

A study is being done in your community to find out how well CFRP works. This information will help the government make decisions about programs for famili and children. For example, the government may decide to have CFRP programs in more communities throughout the country, or to change some of the services CFRPs now offer. In order to make such decisions we need to know:

- -what parents feel about the services offered
- -whether CFRP helps families meet their needs
- -how the program helps families to give children a good start in life

To answer these questions, we need to talk both to families who are in CFRP ar those who are not. This summer, the CFRP program will be looking for about 100 families in this community who have a child who will be under one year by October. Approximately 40 of these families will be chosen to receive CFRP program services in September. The other 60 families will not be participating in the CFRP program. But all 100 families will be asked to participate in the study. Twice a year we will talk with all families for about an hour to get information about the family, the children's health, concerns parents have, and services (such as health or child care) they use in the community. These interviews will take place in the spring and fall until your child enters school. As this child gets older, we will probably do some activities with him or her to find out about the child's growth, development and skills.

How Will Families Be Chosen for CFRP?

The CFRP staff are looking for about 100 families in this community with children under age one who are interested in being in the CFRP program and the CFRP study. Approximately 40 families will actually be enrolled in the CFRP program. The remaining families will not be in CFRP, but will be asked to participate in the study. Only by talking with both groups of families can we find out well the program works and how it helps families and their children. All families will have an equal chance of being chosen for the program. However, there is only space available in CFRP for 40 families and these 40 families will be chosen by lottery.

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* CFRP is part of the Head Start program and is paid for by the Administration for Children, Youth and Families, U.S. Department of H.E.W.

What Will Happen With Families Not Selected for CFRP?

Families who are not selected for CFRP will be asked to participate in the study and will receive payments for the time they spend talking with staff about the study. Without these families, it is impossible for us to help the government make decisions about programs for families and children. So while it may not help all families immediately, we think the study will help other families with young children in the future. Also, families often participate in studies like this one because they enjoy talking about their children and their ideas about raising children. The families who are not chosen for CFRP but who do participate in this study will be paid a total of $40.00 each year for talking to the study staff twic a year. Their children will also receive priority for later enrollment into Head Start, if the family wants the child to be in Head Start at that time.

Families are under no obligation to participate in the study. If you are not selected for CFRP, you are free to decide at any time to withdraw from the study and you may still apply for Head Start when your child is old enough. If you do drop out of the study and later apply to Head Start, you will have the same chance to get into Head STart as other families who want to enroll at that time.

How Can You Help?

If you are interested in enrolling in CFRP, we'd like to ask you to participat in this study---whether or not you are selected to be in CFRP.

By law, we are required to get your signature to indicate that you know about study procedures. If you are willing to help with this important study, please fill out and sign the attached consent form and return it to the CFRP program. Of course, your help is completely voluntary. If you decide not to be one of the 100 families in this study, your decision will in no way affect your eligibility for any other government subsidy or program.

If you agree to be in the study and to answer questions about your family, only your answers to these questions will be used for this study. Your name will not appear on any of the forms we use. No information that identifies you or your family will be shared with anyone.

When Will You Know If You Are Chosen for CFRP?

CFRP staff will let you know by September 1 if you will be one of the 40 CFRP families, or one of the other families in the study.

If You Have Any Questions About the Study....

Please talk to the CFRP program in your community. The name of the person to call (and the telephone number) is listed below:

We hope that you will want to help with this important study of CFRP, a progra which serves children and families.

PARENT CONSENT FORM: CFRP EVALUATION

I have read the brochure about the CFRP study and understand that by applying for the program there is no guarantee that my family will be selected to enroll in CFRP. I also understand that a decision to withdraw from the study or program will in no way affect my eligibility for any other government subsidy or program.

_____Yes, I am willing to help with the CFRP study even if my family is not chosen to receive program services.

_____No, I am not willing to be in the CFRP study.

Parent's signature

Parent's name (please print)

Date